

# PHILADELPHIA MEDICAL TIMES.

PHILADELPHIA, MAY 6, 1882.

## ORIGINAL LECTURES.

### CLINICAL LECTURE

#### ON CÆSAREAN SECTION BY PORRO'S METHOD.

BY PROF. JOSEF SPAETH, M.D.,  
Vienna.

Reported by W.M. W. JAGGARD.

**A**BOUT one week ago, a woman presented herself at the lying-in ward of Prof. Josef Spaeth, seeking admission. The usual examination brought forward the following facts :

The woman, 21 years old, lightly built, of medium height, somewhat pale, primipara, expected to be confined towards the latter end of March. By abdominal palpation it was not possible to fix the position of the foetus. Vaginal examination revealed a very much deformed pelvis, of the Robert type, greatly narrowed in the transverse diameters, while the antero-posterior diameters were almost normal. Measuring the pelvis by Baudelocque's callipers, it was found that the distance between the anterior superior spinous processes of the ilia was 21 cm.; between the iliac crests, 26 cm.; between the great trochanters, 26.5 cm.; external conjugate diameter, 18½ cm.; internal conjugate diameter, 10 cm. The normal diameters, as taught by Prof. Spaeth, are respectively 26, 29, 31, 20, 13 cm. A slight lateral curvature was noted in the thoracic region of the spinal column, attended with its compensatory curvature. The sacrum was very convex. No evidence of rachitis was observed. The rami of the pubes and ischia approximated each other so closely that the finger could with difficulty be introduced into the vaginal canal. It was possible barely to touch the os uteri.

The diagnosis of an osteo-malacic pelvis was made, and the patient was given excellent diet in a special room, with the view of a possible Cæsarean section.

Upon the evening of the 8th of March, the bag of waters ruptured very unexpectedly. Prof. Spaeth judged 7 o'clock A.M., March 9, the best time for operation, when the pains were between five and six minutes apart and the os externum was slightly dilated.

The method chosen was "sectio Cæsarea, with supravaginal amputation of the vaginal portion, according to Porro, or hysterotomy." Müller's modification of Porro's operation was in reality practised.

The patient was chloroformed, and the skin of the abdomen thoroughly washed with a thirty-per-cent. solution of carbolic acid. The bladder was then emptied by a catheter. The primary incision extended from four centimetres above the navel to three centimetres above the symphysis, and was convex to the left, to avoid important structures. The slight hemorrhage occurring after the cut was at once arrested by ligatures. A large pear-shaped tumor immediately appeared in view, and was brought out of the abdominal cavity by pressing inward the flaccid abdominal walls. (In this consists Müller's modification of Porro's method. It is practicable only where the external incision is long and the uterine tumor is small. The advantage is obvious, as affording great protection to the abdominal cavity.) While assistants pressed the abdominal walls tightly around the extruded uterus, to protect the cavity of the abdomen from blood and liquor amnii, Prof. Spaeth made an incision, longitudinal in direction and extending from the fundus to the os internum, penetrating into the cavity of the uterus. The infant was immediately extracted, and the professor was rewarded by a lusty cry. The child proved to be a female, 44 cm. long, and weighed 2150 grm. Prof. Spaeth called attention to the long incision into the uterus as a necessary precaution against uterine contraction during the extraction of the child. In a former case, where the incision was small, the uterus contracted around the neck of the child during its delivery, and caused fatal asphyxia. After the birth of the child, the chain of a Billroth écraseur was placed around the junction of the cervix with the corpus uteri, in such a way that both ovaries were situated above the chain. The chain was quickly made taut and the site compressed, in order to shut off access of blood to the part and to reduce to its smallest compass the bleeding surface. As soon as the blood ceased to flow from the vessels in the uterine incision, the placenta was removed. Fortunately, it was attached to the posterior wall of the uterus, and very slight loss of blood ensued. The uterus and ovaries

were then removed by several swift cuts with a knife, leaving a cuff-shaped stump 9 cm. long. This stump was carefully trimmed of its ragged edges, and was cauterized with Paquelin's cautery to prevent hemorrhage and sepsis. The abdominal cavity was very carefully freed from all foreign matter by bleached carbolized sponges held by forceps, and the upper portion of the wound united by five deep silk sutures. Out of the lower part of the wound hung the écraseur-chain, closed and freed from the rest of the instrument. The stump was retained in this position by pins. The intervening portions of the wound were united by innumerable superficial silk sutures.

The wound was dressed with iodoform powder thickly strewn over it; over the iodoform, cotton (disinfected) was placed, held in position by a tightly-applied mackintosh. A very firmly-applied Scultetus bandage completed the dressing. The operation lasted one hour.

When the patient came out of her narcosis, she complained merely of a slight burning sensation in the abdomen. Her temperature before the operation was 37.8° R.; pulse, 54. After the operation her temperature was 37.3° R.; pulse, 54.

Fifteen hours later the patient was doing well, with pulse and temperature as noted, and had taken a little soup.

The child is living, active, and promises to remain in that condition. The écraseur-chain will be removed in fourteen days if the patient live.

Professor Spaeth naturally made a very guarded prognosis. He places the percentage of recoveries rather low,—forty per cent. Professor Carl Braun thinks that about sixty per cent. of the mothers recover, but makes no allusion to the survival of the children.

Sectio Caesarea, with supravaginal amputation of the vaginal portion of the uterus and both ovaries, was first practised, with good result, by Porro, in Pavia, 1876, and afterwards by Spaeth, in Vienna, 1877. From 1877 to 1879 more than thirty-five operations after this method occurred, with good results in more than one-half the cases.

K. K. ALLG. KRANKENHAUS, March 9, 1882.

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**VERTIGO IN BRIGHT'S DISEASE.**—Dr. Saundby has found the greatest benefit from caffein or thein, gr. i—iiij, in pill, three times a day.

## ORIGINAL COMMUNICATIONS.

### REMARKS ON THE USE OF ICE IN THE PREVENTION OF MAMMARY ABSCESS.

*Read before the Philadelphia County Medical Society,  
January 25, 1882,*

BY M. O'HARA, M.D.

IN 1879 I was called to visit a lady entering the eighth month of pregnancy, with a phlegmonous inflammation of the left mammary gland and the surrounding cellular tissue. The cause assigned was a kick of a child which was sleeping on the same bed. There was intense congestion, inflammatory exudation, very great local pain, and high constitutional irritation. Fearing premature labor from the severe constitutional disturbance, I exerted speedily all the forces at my command, locally and generally, to abort the inflammation: I used lead-water and laudanum, belladonna, camphor, compression, with aconite, veratrum, and morphia, etc., all without avail. Suppuration ensued, and, to relieve tension and agony, the knife was used. Notwithstanding these efforts, premature labor set in, resulting in the successful delivery of a seven-and-a-half-months child. After the incision into the left breast and cellular tissue, both glands took on the secretion of milk, but a mammary fistula occurred, which was so annoying, by the copiousness of the discharge, as to prevent the lady from resuming her household duties. Everything was used, of special or general value, to reduce the secretion of milk and to permit the closure of the fistula, such as iodides, bromides, belladonna, salines, pressure, etc., but all to no purpose. In the third month of lactation rigid dieting lessened the distention and fulness of the breast by reducing the whole amount of the circulating fluid, and the fistula closed naturally. The child nursed thereafter at both breasts and thrrove vigorously. The father insisted several times that the child should be weaned, in order to relieve the mother of the soaking of milk about her clothes; but, as the child was puny and undeveloped, and the heat of summer was extreme, I considered it criminal to deny the child the mother's milk: therefore I tried various means to dry up the left breast and leave the right intact; but the effort did not succeed. I thought then that I could not dry up one

breast without at the same time arresting the secretion in the other, but I offered to try it with the ice-bag, which was refused; luckily, by low diet, at somewhat of a risk, though, I accomplished the purpose. I have thought often, since that time, that, following the practice of Dr. Corson, I could have averted the whole trouble and pain, and have permitted the patient to recover speedily from the traumatic mammary inflammation, by a speedy use of the ice-bag.

In the same year, Mrs. —— was delivered at full term of a healthy boy. The nurse was an old family attendant, who by her care of the breasts of females intrusted to her previous to labor could almost warrant that they would never have a gathered breast. She had had the breast in training for some time. Both breasts gave milk, but not in a very satisfactory manner to the child, for two or three weeks. There was no healthy-shaped conical nipple to either. I expressed my anticipation of a mammary abscess from want of free flow of the milk, due to the condition of the left nipple, some abnormal development of the nipple and some of its outlet tubes, resulting in backward distention of the lobules, milk-accumulation and inflammatory irritation in the milk-reservoirs, then extension to the cellular tissue, and abscess. The larger portion of the gland was thus affected, and there was no option but an artificial opening; due drainage, and the non-use of the organ, set that breast all right.

The right breast had a very small nipple jammed in the breast in a hollow, and somewhat turned upon itself. I kept the baby on this breast for several days. The lower half of the milk-ducts gave milk, but the upper half did not. There was a lump to be felt on the upper portion of the breast, which was a distended lobule or lobules corresponding to the excretory ducts which were occluded. As the breast became distended, signs of suppurative inflammation occurred in this; and two weeks after the other breast was lanced, this one had to be relieved in the same manner, and both breasts became *functus officio*.

I believe the trouble in the right breast might not have amounted to an abscess but for the extra filling by reason of the cessation of the function in the left. I saw that some of the tubes were not open

or not allowing an outflow of milk; but, being filled with milk, the additional afflux of blood seemed so to congest the erectile tissue about the nipple as when in a state of erection to kink up and prevent other excretory ducts from emitting their contents, and distention of the lobules was of course imperative. I may say here that I tried by shields and traction to modify the condition of the nipple, not using any violence, but concluded there was some abnormal condition of the nipple and tubes, whether congenital or acquired. In this case I should fear the same condition would be gone over again, if proper means were not taken during the pregnancy to develop the nipple, and, failing that, to forbid the use of the breast. One might be tempted, in the interests of the child, to get as much use as possible of the breasts, and depend on the ice-bag, which I believe could be successfully used at the moment of imminent signs of suppuration occurring. I feel warranted in saying this, by my experience in the next case to be related.

I attended Mrs. O'C. three years ago. She had a typically normal left breast and nipple, but the right nipple was flat, depressed, and distorted. The child did not care to use this breast, and no amount of pulling out or countersinking the nipple with a shield could bring it out. Neither could it be freed by the pump, which, when used, gave very much pain. Gradually, from the distorted, kinked, or strictured nipple-tubes, milk-accumulation, inflammatory irritation, and mammary abscess occurred. She suffered some weeks of agony, which I desired to spare her by an early incision, which she refused until it pointed, when I opened it. She had a tedious recovery from the agony and prolonged drain of pus, and the breast was left damaged considerably, and also a much worse nipple was left.

She was confined again four months ago. The day after the birth she told me she wanted no more gathered breasts. I examined the damaged breast. It showed above the nipple a veteran scar, was cocked upward, and promised no future as a nursing organ. The other breast was good. That belonged to the child, and I had no right to meddle with it. Yet even now the right breast was painful and swollen, with pain felt in the arms and under the clavicles. I told her my idea was that I

could not keep the left breast for the baby; that I must dry up both. She said I must do it, for doctors must have some means of doing anything they wanted.

It then occurred to me to try the ice. I put on a circular plaster of the india-rubber combination of extract of belladonna, with a hole cut through which the nipple protruded. I filled a thin rubber bag with ice, and gave directions to keep it constantly applied. She kept it constantly applied, not always on one spot, but changing it from the upper part of the breast to the lower, sometimes towards the clavicle, and sometimes on the side of the chest. She shifted it from the breast to the contiguous territory, admonished to change it by her own desire of relief from pain, which would recur in various parts around as the inflammation attempted to pursue its course. She seemed to understand that the breast was furnished with its blood from many arterial branches, and when the irritation from one region was subdued, had to get at another. The application of the ice-bag was immediately followed by a relief of pain, and she was enthusiastic in its praises. It was kept in use night and day for six days. On the third day the milk came in the other breast, and the baby has used it from that day to the present. There was no interference with the general system, except favorably, in abating the rather high constitutional irritation due to the mastitis of the right breast.

On the fourth day she complained of severe local peritonitis. She had been kicked by her elder child in the abdomen, and the inflammation appeared to localize itself in the broad ligaments. The use of morphia, leeching to twelve ounces, and the use of the ice-bag to the abdomen, relieved this feature in twenty-four hours.

On the sixth day the breast presented the appearance in size and to touch of the same organ prior to pregnancy, and there has been no complaint of it since.

There was much interference by officious neighbors, who told them the ice had caused the peritonitis, but the patient bravely held on to it, and the ice-bag has won a victory in that neighborhood. I wondered that it produced so little disturbance to the organism, and I began to think that Dr. Hiram Corson was not over-enthusiastic in his statements as to its virtue in the prevention of mammary abscess and even

arresting the process of suppuration. I think it ought to be more in use in the prevention and cure of inflammations of the breast.

Dr. Goodell read Dr. Corson's paper before the Philadelphia Obstetrical Society, November 4, 1880, and it is reported in the Proceedings of the Society for that year. He has used ice for mammary abscess for many years. It appeared from the debate upon his paper at that time to be unknown as a mode of treatment to Philadelphia physicians then present. The causes of mammary abscess are numerous, and I have not gone into them. Dr. Corson has given many, but neither he nor the members of the Society in that debate appear to have spoken of the cases dependent upon obstructed nipple-ducts or deformed nipples. Dr. Ingham expressed the opinion "that mammary abscess is undoubtedly generally the result of fissured nipple." I have seen very many cases of fissured nipple without this result, and if you get a normal breast and well constructed in its delivery-tubes you can often treat fissure successfully. But you will hardly escape abscess in the cases alluded to in this paper.

Byford, in his "Diseases and Accidents incident to Women," says, "Anatomical causes of inflammation of the breast exist to a great extent. They are sometimes congenital, sometimes hereditary, but I think for the most part brought about by improper dressing. The flat, undeveloped, or retarded nipple is one form which prevents the perfect performance of suckling. Nursing is often impracticable." He speaks of a very broad but extremely short nipple entirely too large for a child's mouth and too short for prehension; another, a breast with scarcely a trace of the peculiar warty tissue-like nipple; another, a very small nipple, where the milk-tubes seem to be bound in such a contracted bundle as not to allow free egress to the milk. He mentions a type in which I would place my second case (the right breast), a nipple large enough to be easily taken by the child and drawn, but the milk-tubes on entering turn too acute an angle, and a little swelling of the sub-areolar tissue from the retention of the milk will stop them entirely, so that the milk will not pass out, and if the gland continues in full function we must have inflammation and abscess. It would be interesting to discuss whether

these are rudimentary nipples or due to tight lacing and the faults of female clothing, and whether physicians ought not to teach patients how to avoid them if preventible. If anything can be done for the improvement of the defective organ, it must be during the pregnancy. It is too late to do anything after the labor. On this I should like to hear the experience of others.

If we do try after the gland is in function and fail, we have no right to be censured, and shall not be, if we explain correctly to the patients, and seeing the storm coming we can, I think, by the use of ice prevent an abscess from this cause or other causes.

My experience of ice only goes to preventing abscess by drying up the breast. We are not allowed to try many experiments on our patients, yet I think it would be very judicious treatment to use coils of india-rubber tubing, with a constant current of water of the temperature we choose, and draw the line exactly by experience between due physiological and pathological congestion of the breast, and not as in these cases I have referred to, where from necessity we are forced to annul the function of lactation; for when we determine that the nipple is useless the woman ought not to be compelled to go through the agony of a gathered breast.

The time allowed me is so short that I cannot quote from Dr. Corson, but I must notice a criticism of Dr. Corson's treatment, by Dr. G. B. Fundenberg.\* He says that, for various reasons, he considers other measures preferable, especially the use of belladonna and pressure. Pressure is the prime factor, belladonna the auxiliary. By pressure, "a tight body" compressing both breasts for forty-eight hours, and the use of 3ij of extract of belladonna to 3ss of glycerin, he reports successful results. Now, I have tried compression in many cases with belladonna, and there is no comparison between the two modes of treatment. I have not the slightest faith in belladonna in any shape in a severe form of mammary inflammation, and in future will have no reliance on it. This is the result of experience in these cases just mentioned and many others. It will do in mild cases, but they would probably get along as well by themselves. But as Dr. F. speaks of compression, that is ser-

viceable. And where can you get better means of compression than ice? Ice carries its compressing power deep into every cell and every fibre of the tissue; compression otherwise is only superficial, and cannot go to the intimate depths of every little cell. Compression will not act on the afflux of blood; ice will. Compression is painful; ice is anaesthetic. The sensation is blunted and pain relieved; an inflamed breast bears badly compression. Ice constringes everything,—blood-vessel, nerve-fibre, muscle, and cell, wandering or fixed,—and stops the active formation and progression of the leucocytes, and it is a very simple, easy, and efficient mode of compression. I think those who use it freely will accord it the merit of being a perfect agent of pressure.

31 SOUTH SIXTEENTH STREET.

#### NOTE ON NITRATE OF SILVER IN DYSMENORRHCEA.

*Read before the Philadelphia County Medical Society,  
January 25, 1882,*

BY WM. R. D. BLACKWOOD, M.D.,  
Physician to St. Mary's Hospital.

ON the opening evening of our course of meetings for 1880-81, I had the honor of reading a paper on "The Treatment of Dysmenorrhœa by Electricity," and, although my cases since then have all been treated in the same manner and with similar success to that narrated in the article referred to, my attention has been called to the prospective value of *argentic nitrate* in painful menstruation, by pure accident. Several cases of typhoid fever have passed through my hands since the evening referred to,—September 8, 1880,—and in some of these people, especially in those living in the district supplied by the Kensington sewage-water corporation, a tendency to continued diarrhoea was evinced for a considerable time subsequent to their recovery from the specific fever; in fact, the bowel looseness held on, despite varied therapeutic efforts, in several women especially, for some six or eight months, those convalescing during the depth of winter being the most stubborn. It occurred to me as a reason for this that the dejecta of various sorts thrown into the river at Gunner's Run were retained in front of the pumping-station by floating ice, thus contaminating the supply more than would be

\* Pittsburg Medical Journal, October, 1881.

the case in the warmer months, when the river-current was unimpeded. At any rate, the hydrant water, both liquid and frozen, was very dirty; it was at times absolutely unfit for use; and on it I laid the blame, and additionally an embargo in those able to afford a full supply of ice from a reputable company, this being used for both drinking and cooking for the invalid at least, if not for the entire family.

Whilst those who used the melted ice, as observed, got better more readily than those who did not, they all, nevertheless, needed somewhat active treatment, and, without going into detail, suffice it to say that after a thorough trial of the ordinary means used under similar conditions, I found the administration of nitrate of silver to be more effectual than any other remedy. I settled down on a pill containing one-eighth of a grain of the silver salt and half a grain of ext. cannabis Indica, repeated four times daily, and under this the diarrhoea was checked, the appetite improved, and the indeterminate abdominal uneasiness or pain disappeared.

I am aware that this salt has been long used in typhoid, but I have never found it necessary to employ it during the attack. The cases to which reference is made were varying in severity, were not readily controlled, and the diarrhoea referred to was not that found in the so-called relapsing cases. It was similar to that seen in patients convalescent from severe remittent fever, or yellow fever, such as I have frequently seen in the South.

Among those treated were two cases in which dysmenorrhoea was associated. One of these I had under my charge several years ago for painful menstruation, and she was considerably relieved, but not cured. I did not use electricity in her case, because at that time I had not developed the method which I now employ, but I did give cannabis Indica in large doses without the slightest good effect after a fair trial. The other patient had but temporary relief after long treatment, and for several years past she gave up medical advice. I never treated her except for typhoid, which, with the antecedent dysmenorrhoea, had been her only illness thus far. Both ladies suffered very much during the catamenia after convalescing, until I ordered the nitrate of silver, and from the time that was taken until now they have menstruated normally and painlessly. I have purposely kept them

under treatment although the original incentive has passed away, and I shall do so for a little while longer. Is there anything in this? No mention is made of this salt in dysmenorrhœa in any work consulted, except as a caustic applied to ulcerated os or cervix, which, of course, has no constitutional action. The objection that discolouration of the skin follows prolonged administration would preclude its extended use, but something in the way of experiment might be justifiable.

That none of the effect was due to the hemp is certain, for in any instance heretofore which was even relieved by it in my hands the quantity given had to be very much greater,—not less than twelve grains, and generally double or treble that amount, daily being taken. The solid extract is unreliable, and I always use a concentrated tincture made by Messrs. Wyeth & Bro., the strength of which is quadruple that of the ordinary tincture of the Dublin Pharmacopœia. The extract used in these convalescing typhoid cases was apparently inert on trial, and was therefore simply an excipient.

If the result attained was attributable to the silver,—and I believe it was,—the explanation of its action would be interesting. The salt is one which promotes waste or destructive metamorphosis, as does mercury or iodine, but, as neither patient was plethoric, and one, indeed, anaemic, this attribute of the drug would not here hold good. Further, neither case was of the so-called congestive variety; the uterus in each was small, and the dysmenorrhœa was purely neuralgic in one, and obstructive from flexion in the other; yet each was promptly relieved,—I may say cured, if nearly a year of painless menstruation might be so termed. That it possesses decided power in diseases of both cerebral and spinal affections is proved by its value in epilepsy in the first class, notwithstanding its disuse lately in favor of other more fashionable yet not always more effectual drugs; and in the second through its equally undoubted control over posterior spinal sclerosis in several reported cases, and in two of my own not reported. In both these intractable diseases it has, of course, failed repeatedly, but so has every remedy, and it is by no means to be despised. I confess my inability to solve the problem as to how it acts, but we have members whose special excellence in

nervous disorders might be equal to it, and I should be glad to hear from such.

246 NORTH TWENTIETH STREET.

[In the discussion following this brief note, the ingenious suggestion made by Dr. Woodbury that the silver salt might be excreted in part or in whole by the uterus led me to test the mucus from the interior of the two organs; but no reaction was obtained. W. R. D. B.]

January 31, 1882.

#### A CASE OF PRURIGO.

BY HENRY C. BOENNING, M.D.

THE following rare case of skin disease came under my observation in the spring of 1879, while in charge of the practice of my preceptor and friend the late Dr. F. F. Maury, of this city.

Joel B., a school-boy, 14 years old; first noticed the disease when about 7 years old. The lady who accompanied the lad (the patient's aunt, I believe) was at that time a student at medicine, and related the following history:

The boy's father is a captain of a coasting schooner, and in excellent health; the mother has always been feeble,—borne several children, all of whom, with the exception of our patient, are well and robust,—but has not been afflicted with any special disease. Joel, from birth on, was weak, with sundry outbreaks, from time to time, of scrofulous symptoms. In his seventh year he was noticed frequently to scratch himself, and upon investigation small papules, which felt like shot under the finger, were discovered on his trunk, arms, and legs. In a short while the disease increased, the papules became more numerous, the itching constant and more severe; the child tore his skin in his efforts to mitigate his suffering. Physicians were consulted, but the disease was obstinate and resisted all attempts at cure. The nutrition of the patient was interfered with, his sleep was restless, at times sleep was impossible, and thus the case continued—worse in winter, better in summer—until it passed into my hands.

A careful examination at that time (March, 1879) resulted as follows. The lad was small in size for a boy of his age, thin, cachectic-looking; digestion and the other alimentary functions were poorly performed; his sleep was much disturbed; head large; intellectual face and forehead; bright, active mind; large, intelligent eyes; enlarged lymphatic glands in the axilla, neck, and inguinal region. Scattered over the surface of the chest were numerous papules, slightly raised, pink or pale-red in color, hard to the touch, many of them covered with blood-crusts of variable size and configuration. The papules did not exceed  $\frac{1}{2}$  diameter, and felt like circumscribed, firm,

minute tumors in the skin. These same lesions existed abundantly over the extensor surfaces of the forearms and legs and thighs. Those papules not covered with blood-crusts presented a covering of rough, dry epithelium, and between the lesions the skin was harsh and dry,—when scraped, showering minute scales, and when pinched up it felt in many places like thick parchment or an incipient scleroderma. The itching was intolerable, constant, and harassed the patient night and day. Here and there, where previous lesions had existed, were discolorations of the skin, variable in size and color, the predominant pigmentation being of a light brownish-yellow hue. In the general history I neglected to state that a careful examination of the urine failed to show any abnormal condition save the presence in the field of a few dumb-bell crystals of the oxalate of lime. I next inquired what treatment had been pursued from time to time, and I learned that almost every physician (in the seven years of B.'s illness he had consulted many of the most prominent in this city, and who, should they see this paper, will at once recognize the patient) had endeavored to improve the general health of the patient by animal oils, iron, iodine, regulation of diet, exercise, etc., and accordingly I placed him upon a generous, good diet, cod-liver oil, and proper exercise. Concerning external applications, almost everything usually applied in chronic exudative diseases had been used, with the exception of sulphur ointment, which was certainly singular. I ordered sulphur ointment with carbolic acid to be applied twice daily over the thickened skin and the papules, preceding the application by a hot bath. The formula used was the following:

B. Ungt. sulphuris,  $\frac{3}{4}$  iv;

Acidi carbolici, gtt. xl.

M. Ft. ungt.

Sig.—Apply twice daily.

I saw the case at intervals of three days, and in two weeks from the time this treatment was instituted the papules had almost entirely disappeared, no blood-crusts remained, the patient's health had improved, the urine was free from the oxalate of lime. Hebra's prurigo buboes—for such I believe the glandular enlargements to have been—were much diminished in size. The case remained under my care until the winter of 1880-81, since which time I have not seen him. A few papules reappeared as the winter of 1879-80 approached, but they speedily disappeared upon resumption of the sulphur ointment. The same may be said of the winter of 1880-81.

This case was unquestionably a case of *prurigo*. The many physicians who were consulted were unanimous in this diagnosis, and I may add that the absence of pediculi and their characteristic punctated papules excluded *phtheiriasis*; so, likewise,

the presence of papules, the thickened skin, the constant, intense itching, the age of the patient, and the long duration of the disease, excluded pruritus.

Last summer I was afforded an opportunity to examine some beautiful slides illustrating skin diseases, brought to this city by a medical friend from Vienna. Among them was a section of a papule and surrounding skin from a case of prurigo. In this section there was marked hyperplasia of all the cutaneous structures, especially the papillæ, which were infiltrated with cellular elements resembling embryonal connective-tissue corpuscles, and a great preponderance of formed connective or fibroid tissue in and around the papillæ of the skin. The pigment-cells were enlarged, and the rete swollen. It had a succulent appearance. The slide did not exhibit any of the cutaneous glandular apparatus. The epithelium was wrinkled. Several of the papules, especially those over the extensors of the forearms, were very obstinate; but the application of pure carbolic acid to their surface exerted a beneficial influence.

528 FRANKLIN STREET, PHILADELPHIA.

#### EFFECT OF AN OVERDOSE OF PODOPHYLLIN—AMOUNT TAKEN ABOUT SIXTY CENTIGRAMS (TEN GRAINS).

BY PROF. D. W. PRENTISS.

MRS. H., aged about 45 years, a strong, healthy person, had been constipated for a week, and was feeling badly in consequence. Her husband was in the habit of taking podophyllin for constipation, and had a bottle of it in the house. Mrs. H., knowing this circumstance, got the bottle, and took out as much of the medicine as could be held on the handle of a teaspoon, mixed it with a little water, and swallowed it. The dose was taken April 9, at 5 P.M.

At 7 P.M. had cutting pains on both sides of the abdomen, with desire for stool.

At 8 P.M., feeling very badly, went to bed. The pain had ceased; there was great exhaustion, with relaxed muscles and a feeling as though the body was bathed in sweat, which it was not; then came a fearful pain in the occiput, as "though the head was being split open." This pain lasted about two minutes, and was followed by a dull throbbing ache and feeling of heaviness, so that the head could not be raised from the pillow. At 8.30 o'clock vomiting began,—first the contents of the stomach, then thin, bitter, dark-green fluid,—from half a pint to a pint at each at-

tack. There were six or seven spells of vomiting between 8.30 o'clock and 4 o'clock the next morning. With each spell of vomiting the bowels moved,—first constipated, then thin, watery stools, but no blood. There was no pain with the stools. Frequent sensations of heat passing over face and head were noticed. With each occasion of vomiting the exhaustion was so great that she felt as though dying. Could not raise the head or assist in the act of emesis.

I was called to the case at one o'clock in the night,—eight hours after the podophyllin had been taken,—when I found the patient in a state bordering on collapse: features pinched, extremities cold, pulse very feeble. Administered hypodermic injection of morphia sul. 1 centigram (gr.  $\frac{1}{4}$ ), atropia sul.  $\frac{1}{2}$  milligram (gr.  $\frac{1}{120}$ ), and followed it by sherry wine and lime-water, equal parts, small tablespoonful every fifteen minutes. Also left some morphia and atropia powders as above, to be taken every two hours if required. Hot applications to abdomen and extremities. There were two attacks of vomiting in the night after my visit, but much less severe, and on the morning of the 10th of April the patient was all right again, except the exhaustion. Ordered the following prescription:

	Grams. Decimal.
R. Sodii bicarb.,	3   00
Bism. subcarb.,	6   00
Tr. opii deod.,	3   00
Spts. lav. co.,	12   00
Glycerinæ,	12   00
Aquaæ, <i>ad</i> 100	00   00

M. S.—Tablespoonful every four hours.

At my visit the following morning I had the bottle of podophyllin brought and the spoon which had been used in taking out the dose, and, under the direction of the lady, measured out an amount similar to that which had been taken. It weighed sixty centigrams.

It is remarkable in this case that there should have been so little pain in the stomach and bowels. This was almost entirely absent, with the exception of occasional cutting pains at the first. On the contrary, there was a disposition to drowsiness. The greatest distress was from the exhaustion and the pain in the head. The intellect was unimpaired; the eyesight and pupils were unaffected; no involuntary discharges.

When used in therapeutic doses, podophyllin is slow to operate, requiring from eight to twelve hours. In this case its effect was first observed as soon as two hours after it was taken, and vomiting and purging occurred in three and a half hours.

Mrs. H. kept her bed on the 10th, but got up on the 11th, feeling well, but with tingling in the extremities and weak as from a severe illness.

## TRANSLATIONS.

A FATAL CASE OF PELIOSIS RHEUMATICA.—Dr. Lange reports (*Deutsche Med. Zeitung*, February, 1882) the following interesting case. A soldier, 20 years of age, pale but well developed, and usually of good health, noticed an eruption upon his legs and feet, appearing suddenly, without warning or prodromata. The posterior portions of the thighs were first invaded by blotches, from the size of a lentil to a thaler, slightly elevated above the skin, of a decided dirty-red color, and not disappearing on pressure. The parts attacked, especially the ankle-joints, were swollen and painful, but the general condition was at first but little affected, and the temperature was not elevated until the following day, when  $38.8^{\circ}$  C. was recorded. The patches now became a bluish-red, and there was swelling and redness of all of the upper extremities, including the shoulder-joints; the elbow-joints were the most painful. During the next two days the appetite was lost, the swelling became still more marked, while the fever also increased ( $39.3^{\circ}$ ). On the fourth day, when the swellings of the joints in the legs were subsiding and the patches fading, new ecchymoses appeared upon the thighs and the back. At the same time the patient's voice became hoarse, he expectorated mucus freely, and râles were heard in both lungs; the fauces and palate now began to swell enormously, and became of a purple color, but the gums were not affected. The following day the tumefaction of the neck had been decidedly reduced by ice-applications, and the swelling of the left arm was rather less. The patient coughed up a considerable quantity of thin, frothy, red-tinged mucus. The fever remained quite high, in spite of salicylic acid. On the next day, upon the left elbow were observed a few small red spots; those upon the back of the left foot were now of a violet color, and the inner aspect of each arm was livid. The patient since the preceding day had expectorated about two hundred and fifty grammes (eight ounces) of a clear red, frothy blood; in short, signs of double pneumonia appeared, and two days later he died from respiratory and cardiac paralysis. During the entire course of the disease there was no bleeding from the nose, gums, or bowels, and the urine did

not contain blood. Before death bloody effusion occurred under both conjunctivæ.

The autopsy showed effusion of a considerable quantity of yellowish-red, almost orange-colored fluid into both pleural cavities; the lower part of each lung was consolidated, and the bronchial mucous membrane here and there congested and covered with dark-red mucus, which occluded the finer bronchioles. The mitral and semilunar valves showed some evidences of former inflammation, but they were competent. The liver and kidneys were pale, the spleen small, and the capsule shrunken. In the gastric mucous membrane there were a few ecchymotic spots; there were none in the bowel, although the small vascular twigs were visible in the serous investment. Upon the general integument there were a number of spots, some violet and others of a greenish-yellow color.

The author considers the condition of the cardiac valves as indicating old rheumatic inflammation. The occurrence of the joint-inflammations coincidently with the skin lesions suggests their relationship, and he concludes that this was an instance of peliosis rheumatica. Opposed to the view of its having been scorbutic are the facts that many of the symptoms of scorbutus were wanting, and that among the soldiers in the barracks, living under the same conditions as the patient, there occurred not a single case besides.

[It is interesting to note in this connection that Dr. E. Finger reported three cases of urethritis, which were complicated with cystitis and purpura rheumatica, in the *Wiener Med. Presse* for 1880. In all three cases both complications came on suddenly in the third or fourth week of the urethritis; indeed, in two they appeared simultaneously. Both the processes similarly were relieved, and after a certain time each showed an exacerbation. Finger contends that in these cases a true reciprocal relationship is seen to exist between cystitis and purpura rheumatica considered as a complication of urethritis, and explains the appearance of the affection of the skin as a consequence of the sympathy between the skin and the sexual organs, well known as existing, especially in females.—Tr.]

THE NURSE-REGISTRY BUREAU OF THE COLLEGE OF PHYSICIANS goes into active operation May 15, 1882.

PHILADELPHIA  
MEDICAL TIMES.

PHILADELPHIA, MAY 6, 1882.

EDITORIAL.

THE AWARD OF THE PHARMA-COPEIA.

HAVING come into possession of a series of documents concerning the award recently made, by the Committee of Revision, as to the publication of the new edition of the United States Pharmacopœia, we desire to call the attention of our readers to the subject, for several reasons, but chiefly because a resolution has been offered in the committee to expunge from the minutes and the official records "all circulars relating to this matter, with the exception of the report of the committee as first submitted, and the vote thereon."\* There can be but little doubt that this resolution will be carried, as it is very natural that those who have acted in the matter would like, if possible, to cover all traces of their footsteps. It may be that some of the committee will consider the publication of such of these records as seem to us vital as a breach of confidence; but certainly public opinion as well as the law will justify our belief that this committee is not a private but a public representative body, responsible for its acts to the Convention which originated it, and, in the absence of that Convention, to the medical profession which appointed the members of the Convention. It is asserted that by the action of the committee the general medical profession of the country has been wronged out of thousands of dollars in order that the money may be put into the pockets of a single individual; and assuredly the general medical public

has a right to know whether these assertions are well founded, even if one of the committee be a professor in Harvard University, and the chairman of the committee be in the employ of the publisher who it is supposed will be enriched. It is still more apparent that the general profession has a right to know the facts of the case, when it is further remembered that it has been openly boasted that at a champagne supper held on the eve of the Convention the Boston members were brought into a combination with the New York delegation to control the Convention in order to prevent the publication of the Pharmacopœia in Philadelphia and acquire it for New York.

At the Convention the writer of this editorial stated, what he now reiterates, that it was the good of the whole country and not that of a city that he was seeking for, and that the Philadelphia delegation went to the Convention without arrangements for joint action: if the award of the publication had been honestly made according to the instructions of the Convention, he believes the Philadelphia delegation would have cheerfully acquiesced, wherever the book had been published. To make the Pharmacopœia what it ought to be, to give it the completeness, promptness of publication, and indisputable authority it ought to have, one or more paid pharmaceutical chemists should be continuously working upon its processes; and the possession of a large permanent fund in 1890 is what might have been expected had the committee, as they were directed to do by the Convention, awarded the contract to the publishing house offering the best terms. With this prelude, we proceed directly to the story, which we shall tell chiefly by printing official documents, giving only the thread necessary to bind these circulars into a united whole.

When the MSS. of the new Pharmacopœia approached completion, a sub-

\* Circular 139, offered by O. A. Wall, seconded by Oscar Oldberg, dated before the final vote was taken: of course there was no private arrangement beforehand to have the record made clean.

committee was appointed to consider the matter of award. This sub-committee was composed exclusively of New York and Boston men, with the exception of one Philadelphian, who it was generally known would in all probability be unable to attend to the duties, for domestic reasons. The chairman of the general committee selected this gentleman, knowing that on account of sickness in his family he had attended none of the previous meetings of the committee, and notwithstanding he was asked by one of the general committee to appoint an active Philadelphian who could attend the meetings. Of course he did not do this because he wished a committee that could be manipulated although Philadelphia should seem to be represented; but simply out of the general goodness of his heart.

A form of specifications and contract was drawn up by the sub-committee, requiring that the bids should offer a copyright percentage and a guarantee of the sale of a certain number of copies during the first year. An utterly insufficient penalty was affixed to the failure of the favored publisher to fulfil his guarantee: so that the sub-committee can blame no one for believing that the provision was put in for the purpose of giving the power to the sub-committee of awarding the contract by favoritism, by affording a cover under the phrase "best terms" used in the instructions given at the Convention.

By request of the sub-committee, the following resolution was also agreed to by the whole committee:

"That the Committee of Revision and Publication accept such bids as may be approved by its sub-committee on copyright, and that the said sub-committee be authorized to make a contract in the form herewith submitted, and are thereby empowered to transact in behalf of said Committee on Revision and Publication all business growing out of said contract."—*Circular No. 108.*

The sub-committee met, received bids, and awarded the contract. They then asked for the confirmation of their award

by the general committee in a remarkable circular, in which almost every important fact bearing upon the case was suppressed, except the names of the bidders, even the terms of the successful bidder not being given, and they "asked the indulgence of the general committee," that secrecy might be used about the principal part of the contract,—on the ostensible ground of otherwise injuring the commercial interest of the favored publisher. Under these circumstances, were not the committee composed of such honorable men as Dr. Amory, Prof. E. S. Wood, Dr. Piffard, and T. Doliber, the suspicion would naturally arise that the attempt was to insure secrecy in order to prevent any criticism and allow the general medical profession to think the award had been honestly given to the responsible publisher who offered the highest terms therefor. Wicked and unwarrantable as it may seem, human nature is such that this suspicion is not lulled by the fact that Dr. Amory sent out a second circular denying information on the ground that he could not give it except from memory, although he knew that an official record had been kept and was accessible to him as chairman.

Secrecy could not, however, be maintained. In a very short time two circulars were sent, signed by various members of the general committee, demanding information, and the postponement of the vote until such information was obtained. At the same time, or shortly afterwards, a protest was sent by the five unsuccessful competing firms of publishers, which we print in full on account of its brevity, and, to do no injustice, also append the official replies to it of Mr. Charles Rice and William Wood & Co. :

The undersigned respectfully request that your assent to the award of the contract for the publication of the United States Pharmacopeia made by your sub-committee be withheld until all the bids be submitted for your examination, and until provision is made for compliance with the instructions of the Pharmacopeial Convention.

Those instructions were :

"I. Resolved, That the Committee of Revision and Publication be instructed to award the publication of the United States Pharmacopeia to the publishing-house offering the best terms, the committee to hold the copyright, the price of the book to be limited, and the book to be sold through the ordinary trade channels.

"That action under this resolution shall require the approval of a majority of the whole committee."

Your attention is especially called to this matter because :

FIRST.—We have every reason for presuming that the contract was not awarded to the bidder offering the best terms.

SECOND.—Some of the bids were not even opened.

THIRD.—In defiance of all usage when competition is publicly invited, the competing bidders were excluded from the room as each bid was opened, and were refused all information as to the successful or other bids.

FOURTH.—It was stated that the sub-committee did not intend to make known to your committee the nature of the bids tendered, in confirmation of which all bids but one were returned to the bidders, two of them at least being unopened.

FIFTH.—The form of contract submitted to the bidders did not conform to the instructions of the Convention, inasmuch as it contained no clause stipulating that the book should "be sold through the ordinary trade channels."

SIXTH.—That a member of your committee requested that this clause should be inserted, and this request was refused by one of the framers of the document who happens to occupy the position of editor of a periodical published by the successful bidder.

SEVENTH.—That it would seem from these circumstances that the successful bidder was apprised of the intention of your sub-committee to disregard the instructions of the Convention, a knowledge withheld from other bidders, which enabled him so to form his bid as virtually to secure the award in advance.

EIGHTH.—That the sub-committee, in its laudable desire to secure as large a sale as possible for the work, and in its disregard of the instructions of the Convention, that the work should not be sold by canvassing, apparently adopted a fallacious test between the several bids,—viz., the amount of copy-money on sales guaranteed for the first year of publication; for, in sales by canvassing, the whole market is substantially exhausted in about a couple of years, after which it no longer pays to canvass with energy, while parties desiring the work cannot obtain it through their booksellers, and in many cases are obliged to forego its acquisition. As a "subscription-book" it thus will be virtually out of the markets in two or three years: so

that the promise of a large sale during the first year is purely illusory.

NINTH.—Thus, in addition to the manifest irregularity which has marked the proceedings of your sub-committee, its award is one which violates the instructions of the Convention, disregards the pecuniary interests of your committee, interferes with the permanent circulation of the Pharmacopeia, is not in accordance with the interests and convenience of practitioners of medicine and pharmacy.

In conclusion, the undersigned desire to enter a protest against the treatment to which they have been exposed at the hands of your sub-committee, and claim that these several bids in detail be submitted for the consideration and action of the entire committee.

HOUGHTON, MIFFLIN & CO., Boston.

HALL & WHITING, Boston.

J. B. LIPPINCOTT & CO., Philadelphia.

HENRY C. LEA'S SON & CO., Philadelphia.

PRESLEY BLAKISTON, SON & CO.,

Philadelphia.

April 10, 1882.

DEAR SIR,—A circular signed by five of the firms who competed for the publication of the U. S. Pharmacopeia, and a copy of which has been shown to the undersigned, contains the following two passages :

"A member of your committee requested that this clause should be inserted [namely, "that the book should be sold through the ordinary trade channels"], and this request was refused by one of the framers of the document, who happens to occupy the position of editor of a periodical published by the successful bidder."

"Seventh.—That it would seem from these circumstances that the successful bidder was apprised of the intention of your sub-committee to disregard the instructions of the Convention, a knowledge withheld from other bidders, which enabled him so to form his bid as virtually to secure the award in advance."

These paragraphs appear to be aimed at the undersigned, who, however, was not one of the "framers" of the document. His attention had been drawn, by one of the Philadelphia members, to the fact that the words "to be sold through the ordinary trade channels" were not in the contract, and he promised to see that the seeming mistake was corrected. On carefully going over the document, he found the case provided for by the words "and that the trade shall be kept fully supplied." He so notified the member in Philadelphia, and, as no reply was received, the statement was deemed sufficient. Nobody can interpret those words otherwise than that the book should always be openly for sale at dealers'.\*

\* If this be correct, what objection could there have been to the use of the terms prescribed by the Convention? The words do not mean the same thing. It is simply a question of discounts: the trade may be supplied, but no discounts be allowed except to the canvassers, when, naturally, "the trade" will not accept the supply.

As to the seventh paragraph, if it was aimed at him, the undersigned considers the insulting insinuation unworthy of consideration or reply.

Very respectfully,  
CHARLES RICE.

NEW YORK, April 11, 1882.

[Circular 127.]

CHAS. RICE, Ph.D., Chairman, etc.

Our attention having been called to a circular addressed to the Committee on Revision and Publication of the U. S. Pharmacopeia, and signed by Messrs. Houghton, Mifflin & Co., and others, we beg leave to say that the statements contained in the paragraph marked "seventh" are wholly untrue and without foundation in fact. We further beg leave to state that the words in the contract "keep the market fully supplied" are and were understood by us to be equivalent to the expression "be sold through the ordinary trade channels," and that this understanding was made known to the sub-committee on copyright prior to the execution of the contract; and, further, we desire to add that we propose to use every available means to push the sale of the work.

Respectfully yours,  
WM. WOOD & CO.

NEW YORK, April 13, 1882.

It became evident that the doings of the sub-committee must be dragged into the light, and several official circulars soon appeared. Of these, two cover the whole ground, and we first print that signed by Dr. Piffard, omitting from it those portions which are a personal attack upon Dr. W. S. W. Ruschenberger and of no general interest, as we have omitted Dr. Ruschenberger's circular, which Dr. Piffard believes reflects upon him.

The recent communications of Dr. Ruschenberger, questioning the ability and integrity of Dr. Robert Amory, Dr. E. L. Wood, Mr. Thomas Doliber, and the undersigned, are at your hand. With the past before you it is for you to judge whether Dr. Ruschenberger has or has not acted in a becoming manner and in one calculated to advance the true interests of the work in which we are associated, which interests I conceive to be the preparation of a good Pharmacopœia and provision for its extensive circulation. This the undersigned interpreted to be the sense and desire of the National Convention of 1880, and firmly believes to be the wish of the Committee of Revision. With these views he accepted the position of a member of the sub-committee on copyright.

This sub-committee met and awarded the

copyright to Messrs. William Wood & Co., on a basis of 10% copyright and a guaranteed sale of 11,000 (eleven thousand) copies during the first year. Having done so, the sub-committee reported the fact of the award, and asked the approval of the general committee, as it would be gratifying to them to be made aware that their course was satisfactory to a majority of the general committee. Confirmation of their course was not deemed necessary, in view of the result of the votes on Circular 108.

The course of the sub-committee has been disapproved by one of the Philadelphia members of the general committee in terms that need not be recited, and by the non-successful competitors in a printed circular which is before you, inviting your attention to the matter for nine specified reasons.

Before considering these reasons in detail, it will be necessary to lay before you the bids and terms offered by the several competitors.

*They were as follows:*

Messrs. Hall & Whiting, of Boston: 15% copyright on first 15,000 sold, and 20% copyright on subsequent sales, a guarantee of 15,000 copies of the book to be sold the first year, the price of the book to be \$3.75. This would have yielded \$8437.50.

Messrs. Houghton, Mifflin & Co., of Boston, offered to give one-half profits, no specific copyright, and no guarantee of sales.

Messrs. H. C. Lea's Son & Co. of Philadelphia: 30½% copyright on guarantee of 4000 copies sold at \$4, yielding \$4880.

Two additional bids from same; contents unknown.

Messrs. P. Blakiston, Son & Co., of Philadelphia: 26% copyright on 3000 copies, yielding \$4160.

Messrs. J. B. Lippincott & Co. offered 41% copyright and guaranteed sale of 2000 copies at \$4 (= \$3280), or 34% copyright with guaranteed sale of 5000 copies at \$4 (= \$6800).

Messrs. Wm. Wood & Co. offered 10% copyright and guaranteed sale of 11,000 copies at \$4 (= \$4400).

The foregoing, tabulated and abbreviated, is as follows:

	Copyright.	Guaranteed sale.	Total.
H. & W.....	15%	15,000	\$8437.50
H. M. & Co. ....not specified.		not specified.	unknown.
H. C. L. S. & Co. ....30½%		4000	4880
P. B. S. & Co. ....26%		3000	3120
J. B. L. & Co. ....41%		2000	3280
" " ....34%		5000	6800
Wm. W. & Co. ....10%		11,000	4400

The nature of the bids having been stated, I proceed to discuss the points contained in the publishers' circular.

" FIRST.—We have every reason for presuming that the contract was not awarded to the bidder offering the best terms."

With the bids before them, each member of the general committee can form his own opinion as to whether the "best" bid was accepted

or not. The "best" bid was not necessarily the highest, else the one offered by Messrs. Hall & Whiting would have doubtless been accepted. This firm is not, so far as the undersigned could learn, engaged in the business of publishing medical books,—in fact, is a house of which he had never previously heard. Their offer to sell 15,000 copies was so much in advance of houses who have been long established in the medical and pharmaceutical publishing trade, and who may be supposed to be familiar with all the avenues and outlets for books of this class, that the undersigned did not deem it probable that the house first mentioned would find themselves able to distribute the specified number of copies. This may or may not have been an error of judgment on his part.

In this connection it may be stated that the representative of one of the competing Philadelphia houses said in substance to the undersigned that a bid of extraordinary character might be expected from a firm not well known in the medical publishing trade, and which bid was to be made in the interest of a house whose principal business is the sale of drugs,—that said house desired the control of the Pharmacopœia as a means of advertising their wares, and perhaps of pushing certain drug specialties. The undersigned may state that there are no facts in his possession connecting the house of Hall & Whiting with this matter; and the incident is mentioned solely to point out one of the dangers that the committee had to guard against.

The tender of Messrs. Houghton, Mifflin & Co. was in such a form that the sub-committee did not feel that they could, under the circumstances, properly award the contract to them.

This reduced the choice to one of five bids. Four of these represented high copyright and comparatively small sales, the other the usual copyright and large sales.

In comparing these, it was clear that the  $26\% \times 3000$  bid of Messrs. P. B., Son & Co., and the  $41\% \times 2000$  bid of Messrs. J. B. L. & Co., could not from any point of view be regarded as more desirable or better than the remaining three, namely, the  $30\% \times 4000$  of Messrs. H. C. L. S. & Co., the  $34\% \times 5000$  of Messrs. J. B. L. & Co., and the  $10\% \times 11,000$  of Messrs. Wm. W. & Co. There appears to be no valid reason for regarding the bid of Messrs. Lea better than or equal to that of Messrs. Lippincott. This narrowed the choice to the bid of the latter, which guaranteed a gross payment of \$6800, with a sale of 5000 copies, and the bid of Messrs. Wood & Co., which guaranteed \$4400 and a sale of 11,000 copies. In other words, would the excess of \$2400, or the additional sale of 6000 copies, best promote the interests of the Pharmacopœia, or best meet the views of the general committee? When the ballot was taken on this point, it was found to be unanimous and

in favor of the bid offered by Messrs. Wm. Wood & Co. The undersigned is still of opinion that the accepted bid is the one that on the whole must be regarded as the most desirable.

"SECOND.—Some of the bids were not even opened." The representative of Messrs. H. C. Lea's Son & Co. presented three bids, and in doing so requested that one of them, which was specified, should be opened first, and that the others should not be opened except in the event of a certain contingency. This contingency did not arise, and the two bids were returned unopened to the gentleman who presented them, who received them in this condition without protest.

"THIRD.—In defiance of all usage when competition is publicly invited, the competing bidders were excluded from the room as each bid was opened, and were refused all information as to the successful or other bids." Each competitor was in the room when his own bid was opened and examined (except in the case of Messrs. Blakiston, whose representative, if they had one, did not make himself known to the committee), in order that he might explain any points in connection with his bid, or make any additional statements. The members of the committee, or at least the undersigned, refused to divulge any of the bids except with the consent of the parties interested, supposing that each competing house had in their bids gauged their ability to sell the work in question, and that they were not desirous of having their own estimates on this point opened broadcast. The committee, I conceive, had no other object in concealing the nature of the different bids. The publishers complain of this secrecy, and this complaint must be taken as reason that the undersigned has afforded the desired information in the early part of this paper.

"FOURTH.—It was stated that the sub-committee did not intend to make known to your committee the nature of the bids tendered, in confirmation of which all bids but one were returned to the bidders, two of them at least being unopened."

I do not know by whom "it was stated," and I was not aware that such a statement had been made. The matter of the "unopened" bids has already been referred to.

"FIFTH.—The form of contract submitted to the bidders did not conform to the instructions of the Convention, inasmuch as it contained no clause stipulating that the book "should be sold through the ordinary trade channels." The contract was drawn by legal counsel presumably competent, and it was supposed that the phrase "keep the market fully supplied" was in this connection equivalent to the words quoted by the publishers. If such is not the case, it is unfortunate that it was not discovered by those interested in time to have made the necessary changes.

As a matter of fact, there was an express understanding and agreement between the sub-committee and Mr. Wm. H. S. Wood, representing the house of Wm. Wood & Co., that the book should "be sold through the ordinary trade channels" as well as by such other means as he saw fit to employ.

"**SIXTH.**—That a member of your committee requested that this clause should be inserted, and this request was refused by one of the framers of the document, who happens to occupy the position of editor of a periodical published by the successful bidder." The undersigned presumes the other members of the sub-committee were unaware of the request above referred to. He believes that there must be some misunderstanding on this point. At all events, the instructions of the Convention appear to the undersigned to have been amply complied with in the contract that was signed, and in the further verbal agreement made at Boston, April 3, 1882, prior to the execution of the contract.

"**SEVENTH.**—That it would seem from these circumstances that the successful bidder was apprised of the intention of your sub-committee to disregard the instructions of the Convention, a knowledge withheld from other bidders, which enabled him so to form his bid as virtually to secure the award in advance."

The undersigned is unaware that it was the intention of any member of the sub-committee to disregard the instructions of the Convention, and is still unaware that they have done so.

"**EIGHTH.**—That the sub-committee, in its laudable desire to secure as large a sale as possible for the work, and in its disregard of the instructions of the Convention, that the work should not be sold by canvassing, apparently adopted a fallacious test between the several bids,—viz., the amount of copy-money on sales guaranteed for the first year of publication; for, in sales by canvassing, the whole market is substantially exhausted in about a couple of years, after which it no longer pays to canvass with energy, while parties desiring the work cannot obtain it through their booksellers, and in many cases are obliged to forego its acquisition. As a 'subscription-book' it thus will be virtually out of the market in two or three years, so that the promise of a large sale during the first year is purely illusory."

The undersigned is not aware that the Convention directed "that the work should not be sold by canvassing." The assumption that "parties desiring the work cannot obtain it through their booksellers" is false in view of the facts already cited.

"**NINTH.**—Thus, in addition to the manifest irregularity which has marked the proceedings of your sub-committee, its award is one which violates the instructions of the Convention, disregards the pecuniary interests

of your committee, interferes with the permanent circulation of the Pharmacopœia, is not in accordance with the interests and convenience of practitioners of medicine and pharmacy."

The undersigned fails to perceive any irregularity in the proceedings of the sub-committee, or that it has violated the instructions of the Convention. In the absence of any specific instructions from the general committee regarding their "pecuniary interests," the sub-committee assumed that they would be in harmony with their own personal feelings in this respect, namely, that the thorough introduction and distribution of the new Pharmacopœia was more desirable than the additional one hundred dollars *apiece* that might accrue to the individual members of the committee by the acceptance of the bid of Messrs. J. B. Lippincott & Co.

Concerning the "permanent circulation" of the Pharmacopœia there may be two opinions. There are those perhaps who believe that Messrs. J. B. Lippincott & Co., weighted with a copyright of 34% and an additional trade discount, to say nothing of an entangling alliance with the U. S. Dispensatory, would or could sell more copies than a firm, so far as known, equally energetic, but who were subject only to the usual trade conditions. There are those, I feel assured, who believe the contrary.

The sale of the Pharmacopœia during the second and subsequent years, in the absence of specific contract as to the number to be sold, would naturally depend on the ability and willingness of the publisher to push its sale. The larger the margin of direct profit, the greater the stimulus to sell. The larger the margin of possible profit, the greater the inducements that can be offered to prospective purchasers by the seller. By this simple business test the prospective sales of the Pharmacopœia may in a measure be estimated. Whether the ownership of a dispensatory would be likely to increase the willingness of the publisher to push the sale of a competing work on which there would necessarily be but a small margin of profit (if this bid of J. B. L. & Co. had been accepted), is a matter on which each member of the general committee can readily form an opinion.

"In conclusion, the undersigned desire to enter a protest against the treatment to which they have been exposed at the hands of your sub-committee, and claim that these several bids in detail be submitted for the consideration and action of the entire committee.

"HOUGHTON, MIFFLIN & CO., BOSTON.

"HALL & WHITING, BOSTON.

"J. B. LIPPINCOTT & CO., PHILADELPHIA.

"HENRY C. LEA'S SON & CO., PHILADELPHIA.

"PRESLEY BLAKISTON, SON & CO., PHILADELPHIA.

"APRIL 10, 1882."

The undersigned cannot but enter a protest against the marked courtesy with which Dr. Ruschenberger has treated many of his colleagues of the general committee during the past two years, as well as against the incorrect statements and unwarranted insinuations contained in the circular signed by the competing publishers.

The "claim" to have the "several bids in detail submitted for the consideration and action of the entire committee" is complied with to the best of the writer's ability in the present circular.

In conclusion, he would remark that he believes the action of the sub-committee on copyright to be in conformity with the expressed instructions of the Convention of 1880, and with the views of the majority of his colleagues of the general committee. If he is mistaken on these points, he hereby pleads guilty to serious error of judgment.

Respectfully yours,  
 (Signed) HENRY G. PIFFARD,  
 Of the Sub-Committee on Copyright.

This circular was replied to by Prof. Remington, of this city, as follows:

April 17, 1882.

MR. CHAS. RICE, Ph.D., Chairman, etc.:

DEAR SIR,—The Committee of Revision and Publication have at last been put in possession of some of the secrets which were held by the sub-committee, through the communications of Drs. Amory and Piffard, and some light has been thrown upon the extraordinary conclusions which the sub-committee have arrived at.

Setting aside the gross personalities which deface both communications, it must be admitted that Dr. Piffard's effort especially is conspicuous for the ability which he has displayed in showing that the award should not have been made to Wm. Wood & Co.

In his communication we are informed "that the sub-committee awarded the copyright [contract?] to Messrs. Wm. Wood & Co. on a basis of 10% copyright [royalty?] and a guaranteed sale of 11,000 (eleven thousand) copies during the first year. Having done so, the sub-committee reported the fact of the award, and asked the approval of the general committee, as it would be gratifying [?] to them to be made aware that their course was satisfactory to a majority of the general committee. Confirmation of their course was not deemed necessary, in view of the result of the votes on Circular 108." Both Drs. Amory and Piffard were under the impression that the sub-committee's action in the matter was final. The resolution under which this authority is claimed recites "that the said sub-committee be authorized to make a contract in the form herewith submitted" (see Circular 108). Now, the fact is that the form submitted

was not the form that was used by the bidders. The chairman, Mr. Rice, says (see Circular 116), "The memorandum of agreement has been somewhat amended since its first issue, in accordance with the suggestions of members who voted in its favor even in the first draft; a new vote on it is therefore unnecessary." Why a vote was deemed unnecessary because it was amended through suggestions of members who voted in its favor even in the first draft is not apparent; and this decision of the chairman cannot be justified by any parliamentary law, custom, or usage familiar to the writer. Without intending any disrespect, I take the liberty of appealing from this decision of the chair. The memorandum of agreement as amended, and which was to be used by each of the bidders, should have been adopted by the general committee; and as it has never been adopted by them, I hold that the sub-committee had no authority to award a contract; for the resolution under which they claim authority distinctly notes that the said sub-committee be authorized to make a contract in the form herewith submitted, which proviso or stipulation was not carried out. The other part of the resolution, that the sub-committee are hereby empowered to transact in behalf of said Committee on Revision and Publication "all business growing out of said contract," falls to the ground from the fact that "said contract" is itself void for the reason stated.

In addition to this, I would call attention to the resolution passed by the *Convention* at Washington :

"Resolved, That the Committee on Revision and Publication [not the sub-committee] be instructed to award the publication of the United States Pharmacopœia to the publishing-house offering the best terms, the committee [not the sub-committee] to hold the copyright, the price of the book to be limited, and the book to be sold through ordinary trade channels.

"That action under this resolution shall require the approval of a majority of the whole committee."

Now, it must be apparent that the sub-committee were not invested with "full powers," as Dr. Amory expresses it, nor can the authority of the general committee, which must be obtained before the contract is valid, be regarded as merely "gratifying" to the sub-committee, as Dr. Piffard puts it. The reasons why the sub-committee should have desired to obtain full control of the work, as shown through the resolution of their chairman (see Circular 108), should receive careful consideration.

One fact cannot fail to escape the notice of the members of the general committee. If the communications of the two members of the sub-committee (*i.e.*, Drs. Amory and Piffard) correctly reflect the views of the whole sub-committee, it is then rendered clear that

a partisan feeling prevailed, and an intense prejudice existed against a Philadelphia publisher; and how far this feeling influenced a decision which should have been *strictly judicial* in its character, can only be conjectured by outsiders.

To pass now to a consideration of the character of the bids offered. If William Wood & Co. can sell 11,000 copies during the first year,—and William Wood & Co. do not think themselves that they can sell that many, for the supplementary after-thought agreement says, "In case they do not actually sell the number of copies hereinbefore stated," etc.,—even then their bid was not as good as that of Hall & Whiting, of Boston, who guaranteed a sale of 15,000 copies the first year and a royalty of 15%. Could this have been one of the commercial reasons for requiring secrecy on the part of the sub-committee? The statement that Hall & Whiting's was a better bid is from the stand-point formulated by Drs. Amory and Piffard, that the largest guaranteed sale was the particular aim of the sub-committee: they guaranteed the sale of 4000 copies more the first year than William Wood & Co., and threw in half as much again royalty,—15% to William Wood & Co.'s 10%. Does Dr. Piffard think, because he has never previously heard of this publishing-house, and because their offer was too good, that they could not know what they were about, that this was sufficient ground for tossing their bid aside? This firm is well known in Boston, and should not have been invited by the chairman of the sub-committee to bid if they were improper parties to have the contract.

Now, the difference between J. B. Lippincott & Co.'s bid and Wm. Wood & Co.'s is practically admitted by both Drs. Amory and Piffard. Dr. Amory believed it to be too good, and presents a curious and erroneous calculation as ground for the belief that was in him. Dr. Piffard admits that even on the first year J. B. Lippincott & Co.'s bid would yield the committee \$2400 more than Wm. Wood & Co.'s, and presents in his first section, 24th line, page 3, the statement that, "In other words, would the excess of \$2400, or the additional sale of 6000 copies, best promote the interests of the Pharmacopeia, or best meet the views of the general committee?" Now, mark. "When the ballot was taken on this point, it was found to be unanimous, and in favor of the bid offered by Messrs. Wm. Wood & Co." Here is shown the point which was most weighty in deciding the principal part of the business. It requires but a few moments to show how utterly fallacious the conclusions were. Dr. Piffard fails to add to the words "6000 copies," the words, FOR THE FIRST YEAR. Wood's bid only exceeded Lippincott's in the number which he thought he could sell during the first year. Dr. Piffard has it, "or the additional SALE of 6000 copies." But Wm. Wood & Co. do not agree to SELL 11,000

copies the first year; they agree to pay a royalty of 10% on that number: so that the greater circulation, which in the eyes of the sub-committee was the will-o'-the-wisp which lured them on, is really not provided for at all.

That the clause requiring a guarantee of a large sale *the first year* is worthless, must be evident to every one who considers the real interests of the work. The time has passed for forcing the sale of a book that is a standard by means of the unpopular book-canvasser, particularly if the book can be had in the regular way, through ordinary trade channels, at the same price. When a customer has procured a *Pharmacopœia* he does not want another until a new revision, and the crowding of all of the sales, or at least the principal part of the sales, into the first year, whilst showing large figures on paper, really amounts to nothing at all. It is the number which can be sold during the ten years that concerns the committee's interests the most, and J. B. Lippincott & Co. estimate the probable sale for ten years at 15,000 copies. If more can possibly be sold, they are compelled to use every effort, for their agreement stipulates that they must advance the sale of the work. The difference on 15,000 (which is undoubtedly a low estimate) between Lippincott's and Wood's bid is this: *Lippincott, \$20,400 in ten years, Wood, \$6000 in ten years,* making a difference in favor of Lippincott of \$14,400.

In the case of Lippincott the profits of publishing largely go to the committee (and the money will be needed to perfect the work through expert labor for the next revision). In the case of Wm. Wood & Co. the profits go to Wm. Wood & Co., and Dr. Piffard says in justification, "The larger the margin of direct profit, the greater the stimulus to sell." And now, if these were the views of the sub-committee, as they are supposed to be, it will be seen that the contract was awarded, not with the view of making the best terms for the book, but to give a large profit to the publisher in order to induce him to sell it. It will be no doubt a source of regret to the other publishers that they did not know in advance that they should not offer too much royalty, as Lippincott did, nor guarantee the sale of too many books, as Hall & Whiting did, but to suit the extraordinary and peculiar views of this sub-committee they should have bid exactly as Wm. Wood & Co. did, for he was neither the highest, lowest, nor best bidder in any light, but just right. The writer is not one of the number who believe that the sub-committee deliberately intended to act unfairly; but he believes that they were unwisely influenced in their decision.

By accepting J. B. Lippincott & Co.'s bid the committee are put in possession of a large sum of money, instead of making it a present to Wm. Wood & Co.; and the writer, as a member of the general committee, feels indignant

at the gratuitous yet very delicately conveyed insult to the members of the committee by Dr. Piffard's remarks about the probable resting-place of the difference between the bids of Lippincott and Wood, \$2400—\$100 apiece to the individual members of the committee. The writer has the utmost confidence in the integrity and honor of the general committee, and believes that excellent and proper use can be made of this money, which should go into a fund under the care of a suitable committee and be employed in improving the book through expert labor in the future. Five years will soon slip around, and a supplement will be needed; besides, the regular work on revision will in the future require the expenditure of much more time and money than have been spent heretofore.

Whilst writing this, I have just been handed Dr. Castle's communication. From his conclusions I beg leave to differ. *The memorandum of agreement as voted on by the general committee, and the one which was used in awarding the contract to Wm. Wood & Co.,* did not differ, only in colons, semicolons, style of paper, and "immaterial" points, although there are enough minor alterations to invalidate it, but a *supplementary agreement was appended* without the knowledge, consent, or approval of the general committee, and, besides, *the other bidders* were not apprised that they would have an opportunity to pay the same kind of a forfeit for non-fulfilment of their contract. J. B. Lippincott & Co., for instance, if they had known that this was the *real form of agreement*, could have afforded to pay 10% on 30,000 copies instead of Wm. Wood & Co.'s 11,000, and saved money by so doing. This any member can see by a simple calculation.

This supplementary agreement is illegal, and not authorized by the general committee. It openly implies a doubt of the ability of Wm. Wood & Co. to live up to *the part of the agreement* which Drs. Amory and Piffard both assert was the ground upon which the contract was awarded; and yet a very simple calculation will show that Wm. Wood & Co. could easily afford to pay the forfeit for not fulfilling their agreement, without feeling it, out of their profits, which are prescribed as *stimulants* by Dr. Piffard.

For the reasons recited above, and for others offered by other members of the committee, the writer trusts that the general committee will vote *nay* on the motion to adopt or approve of this report and action of this sub-committee. The general committee cannot, under the vote passed at the *Convention*, delegate their duties to the sub-committee, even though a majority voted to sustain the resolution of the sub-committee on copyright in Circular 108, for the instructions of the *Convention* are clear on this point: "Action under this resolution shall require the approval of a majority of the whole committee." So no action

can be taken to award the contract until a majority of the whole committee shall approve.

Very respectfully,

JOSEPH P. REMINGTON.

As throwing further light upon this business, we next append a circular which has been put forth by Hall & Whiting, H. C. Lea, Son & Co., and J. B. Lippincott & Co.

BOSTON, April 15, 1882.

ALFRED B. TAYLOR, ESQ., Phila., Pa.

SIR,—The bid of Hall & Whiting, of Boston, Mass., offered an author's royalty of 15% on the first 15,000, and upon subsequent copies 20% of the retail price. The suggestion was made that the retail price should be \$3.75 at the highest.

The payment of royalty on 15,000 copies was guaranteed during the first year. Appended to the contract was the following:

We herewith furnish a "dummy" showing the paper and style of binding. The paper is the nearest thing we could find ready made. We could, however, have the paper made to order, and would have it made just like any sample of paper of the grade mentioned in the contract furnished by the committee.

If the binder's boards are not considered thick enough, they shall be heavier. If the muslin is not satisfactory, we will undertake to use such as may be *quite* to the mind of the committee.

Very truly,  
HALL & WHITING.

A true copy.  
Attest: A. H. JACOBS.

PHILADELPHIA, April 21, 1882.

To MESSRS. REMINGTON, MAISCH, AND TAYLOR:

GENTLEMEN,—Since our letter of the 18th inst., we have had the opportunity of seeing the defence put forward in behalf of the sub-committee of publication of the United States Pharmacopœia by two of its members, Drs. Amory and Piffard, which seems to call for some further brief remarks. It is fitting that such remarks should come from us, for we were not the highest bidders, and if the sub-committee's action should be revised we would not anticipate an award in our favor. We can therefore have no feeling in the matter save a desire for the interests of the profession with which we have so long been identified, and a sense of just indignation at having been made the sport of those who can only escape the charge of gross partiality by putting forth pleas of utter incompetence to even understand the business which they undertook to manage.

To extenuate the return to us unopened of two of our bids, it is alleged that this was done because we had requested that they

should not be opened "except in the event of a certain contingency. This contingency did not arise." It would only have been fair to your committee to state that this mysterious "contingency" was simply the willingness of the sub-committee to consider the advisability of putting the Pharmacopeia at a reasonable price, instead of the extravagant maximum of \$4.00 per copy. It would appear, therefore, from its own confession that the sub-committee did not even think it worth while to ascertain on what terms the book could be supplied to purchasers at the ordinary rate for such publications, and that the qualification of \$4.00 in the form of contract as a "maximum" price, so far from showing an honest desire to further the interests of the book and of the profession, was simply one of the cunningly devised traps by which that remarkable instrument was to be made the means of carrying out a foregone conclusion. As the sub-committee has manifested a curious jealousy as to a fancied rivalry between the Pharmacopeia and the dispensaries, it may be worth while here to mention that, on the basis of the amount of matter respectively contained in them, the price of the Pharmacopeia compared with the United States Dispensatory ought to be not more than \$1.47, and with the National Dispensatory not more than \$1.96. The profession thus can judge how great is the profit which they will be obliged to pay for a book indispensable to those who buy it,—a profit which, by the award of the publication to the favored bidder at the ordinary copy-money of 10 per cent., will injure to him, and not to those who have laboriously performed the work of revision.

It is admitted that Messrs. Hall & Whiting offered to pay for the first year's sales a copy-money amounting to \$8437.50; Messrs. J. B. Lippincott & Co., \$6800; H. C. Lea's Son & Co., \$4880; while the award was given to Messrs. Wm. Wood & Co., who only offered \$4400. To obscure the grossness of this favoritism, a good deal of ingenious special pleading is put forward, the substance of which is that the publishers, with the exception of Messrs. Wood & Co., do not understand their own business, and that if handicapped with the payment of an excessive copy-money they would not have sufficient margin of profit to be enabled to print the book with energy. It is an insult to the intelligence of the gentlemen composing your committee to imagine that they can be hoodwinked with sophistry so shallow. By the supplementary clause added to the contract the sub-committee itself admits, and so do Messrs. Wood & Co., that the pretended guarantee of sale is only a guarantee of copy-money: so that the publisher, whoever he might be, was simply held to pay the amount named, whether his sales should be large or small. Thus, as regards extent of sales, all were reduced to an equality, and the "best terms" at which the

contract was ordered by the Convention to be awarded are reduced to the amount of money to be paid, so long as the price of the work was thrown out of consideration. The notion, moreover, that the higher copy-money would reduce the sales is a patent absurdity. A man will work harder to save himself from a loss which stares him in the face than to gain a problematical profit. Messrs. Hall & Whiting would have to sell enough during the first year to pay your committee \$8437.50, and Messrs. J. B. Lippincott & Co. \$6800. If the sub-committee had paused to think, a slight knowledge of human nature would have shown them that here was a stronger guarantee for active work than could be looked for in Messrs. Wood & Co.'s \$4400.

The rejection of Messrs. Hall & Whiting's bid on the ground of the incompetency of that firm to manage that publication, *after they had been personally requested by the chairman of the sub-committee* to put in a proposal, is so extraordinary that it has been felt necessary to put forth a special justification for it. This is the only excuse for the innuendo by which Dr. Piffard, "in this connection," seeks to connect that house with a warning which he says he received from one of the Philadelphia competitors as to "a bid of extraordinary character" to be expected from a house supposed to represent a drug business. Dr. Piffard must know that the party alluded to is a New York concern, and, while he is careful to shield himself by stating "that there are no facts in his possession connecting the house of Hall & Whiting with this matter," this transparent subterfuge only renders more conspicuous the disingenuousness with which the affair is referred to "in this connection" to give an apparent excuse for so grossly neglecting the interests of the Pharmacopeia in refusing Messrs. Hall & Whiting's proposal.

In fact, it must be self-evident to every intelligent publisher that no one who was not morally sure in advance of the acceptance of his proposal would have put in a bid so low as ten per cent. copy-money on a work of the character of the Pharmacopeia,—a book indispensable to a large class of buyers, a book on which he was at liberty to place an extravagant retail price,—a book, in fine, which any one largely engaged in medical publication can afford to handle at a minimum of profit, or even without profit, in consequence of its bearing on the rest of his business. All these are advantages the benefits of which the sub-committee should have secured either to the profession or to those who have performed the revision. In so far as it has the power, the sub-committee has strangely thrown these benefits away. It remains for your committee to determine whether action so characterized by either partiality or improvidence shall be sustained.

HENRY C. LEA'S SON & CO.

**TO THE COMMITTEE ON REVISION AND PUBLICATION OF THE UNITED STATES PHARMACOPÆIA.**

GENTLEMEN.—We were one of the publishers invited to send in proposals for the publication of the new edition of the United States Pharmacopœia, with the understanding that the contract would be awarded to the party making the most favorable offer. The question of copyright then, as now, appeared to us to be the main element in a favorable offer, and we therefore, after carefully weighing all the circumstances, submitted a proposition in which we agreed to pay a royalty of 41 per cent. of the retail price (\$4.00) of all copies sold, and to guarantee a sale of 2000 copies of the work within the first year. As it occurred to us that some of the members of your committee might look upon a guarantee of a large number of sales as a more important consideration than a large copyright, we accompanied this proposition with a second one, in which we engaged to guarantee a sale of 5000 copies during the first year and to pay a copyright of 34 per cent. on all copies of the book that might be sold, as an indication of what we would be willing to do in case the question of guarantee was looked upon as an important factor. In a letter enclosed with the memorandums we called attention to the double form in which our proposal was submitted, and explained the reason.

We, as already mentioned, looked upon the amount of copyright or royalty as the main feature to be considered, for the simple reason that this is the only feature which would work any substantial difference in the results to you. *One large house can have no facilities for selling more copies than any other has. The book is one for which there exists a spontaneous demand:* it cannot be forced by any of the legitimate means known to the trade. Every possible customer for the book is already thoroughly familiar with its scope and aim, and is convinced of its necessity to himself. He does not need to have these facts pressed upon his notice. And outside of its special line of custom there could be little or no demand for the book.

For nearly forty years we have published this work, and, knowing what the sale has been in the past, we have a knowledge of the probable demand in the future (we estimate it at *from fifteen to twenty thousand copies* during the ten years of its publication), and we are of the opinion that our offer was as liberal a one as could possibly be made without actual loss to the publisher. We call your attention to the result of our bids provided the sale should reach 15,000 copies during the ten years of its publication.

*Bid.—Based on the Largest Guarantee the First Year.*

15,000 copies at 34 per cent. (copyright on \$4.00, say \$1.36) . \$20,400.00  
Guarantee 5000 the first year at \$1.36 6,800.00

*Bid.—Based on the Largest Copyright.*

15,000 copies at 41 per cent. (copyright on \$4.00, say \$1.64) . \$24,600.00  
Guarantee 2000 the first year at \$1.64 3,280.00

You will please note that at the ordinary copyright of *ten per cent.* (the royalty usually allowed) it would require *a sale of 51,000 to equal one, and 61,500 to equal the other bid.*

Very truly yours,  
J. B. LIPPINCOTT & CO.

The above circular is in response to the following communication :

MESSRS. J. B. LIPPINCOTT & CO.:

The sub-committee on copyright of the United States Pharmacopœia not being able to give the various proposals for publishing the Pharmacopœia, except from memory, the undersigned would respectfully request you to communicate the particulars of your bid to the other members of the general committee.

JOHN M. MAISCH,  
JOSEPH P. REMINGTON,  
ALFRED B. TAYLOR.

PHILADELPHIA, April 13, 1882.

How many of the United States Pharmacopœia will be sold no one can at present foretell. Judging from the past, it is very probable fifteen thousand will be the number: if this be so, the action of the committee has transferred to the pockets of Wm. Wood & Co. eighteen thousand five hundred dollars which otherwise would have constituted a permanent fund for the maintenance of the Pharmacopœia. But twenty thousand copies may be sold in the ten years; and if so, the loss to the profession will be over twenty-four thousand dollars.\* To blame Wm. Wood & Co. for getting this small fortune would be to blame a man for going into business; but surely the cat's paw that draws this noble chestnut from the fire can hardly escape burning.

The motives which led fifteen of the members of the general committee to ratify the action of the sub-committee we do not, of course, know. At any rate, it is but proper that the professions of pharmacy and medicine should know with whom the responsibility rests; and we therefore append the final yeas and nays:

\* Probably it would be fair to estimate twenty thousand copies at thirty-four per cent. as the receipts if the award had been made to J. B. Lippincott & Co.,—making the probable loss to the profession of nineteen thousand two hundred dollars.

Ayes.  
 Robt. Amory, Mass.  
 Edwd. S. Wood, Mass.  
 Thos. Doliber, Mass.  
 G. F. H. Markoe, Mass.  
 P. W. Bedford, N. Y.  
 Fred. A. Castle, N. Y.  
 L. Johnson, N. Y.  
 Henry G. Piffard, N. Y.  
 Chas. Rice, N. Y.  
 J. F. Judge, O.  
 Oscar Oldberg, Mo.  
 Henry P. Parsons, N. Y.  
 Albert G. Prescott, Mich.  
 O. A. Wall, Mo.  
 Thos. F. Wood, N. C.

Nays.  
 C. Lewis Diehl, Ky.  
 Louis Dohmer, Md.  
 D. L. Huntingdon, D. C.  
 J. M. Maisch, Pa.  
 J. P. Remington, Pa.  
 W. S. W. Ruschenberger, Pa.  
 Emil Scheffer, Ky.  
 Alf. B. Taylor, Pa.  
 W. S. Thompson, D. C.

and for the sake of common justice we trust that they will righteously share it with those to whom will ever attach the dishonor of its capture.

#### PRIVATE INSTITUTIONS FOR THE INSANE.

**T**HE disputes between the coroner and Dr. Livingstone, of this city, and the various scandals or assertions of scandalous action that have arisen in connection with the case of Miss Grant, have called attention afresh to the subject of private institutions for the insane. The number of such hospitals in this country is very small: so that, as in the Chinese question, it is the fear of the future rather than the annoyance of the present which is the impelling motive to discussion and action. We believe there are only fourteen of these private hospitals in the whole United States, in contrast with some three hundred said to exist in Great Britain. It is hardly worth while at this date and in this place to discuss elaborately the comparative objections and advantages of such institutions as the Pennsylvania Hospital for the Insane and Burn Brae. Both classes of asylums have their proper scope, and there will always be persons who prefer one over the other. Undoubtedly any physician who desires to found a private asylum has an inalienable right to do so, and he who wishes his insane wife treated in such an institution has a right to put her there. To attempt to suppress these private asylums would be utterly wrong, and probably unsuccessful. It is, however, to our thinking, monstrous to allow any mad-house to be conducted outside of the pale of the law or without legal inspection and restriction. We are positively informed that at Burn Brae a legal certificate of insanity is required and inspection courted: so that there is no more possibility of a sane person's being confined within its walls than there is in a State lunatic

We suppose it must have been thought ere this by most of our readers, The whole of this action is illegal, and the contract can be overthrown. The first legal talent in this city has given exactly this opinion. What the Convention intended was that the committee should meet, discuss the various bids, and then accept or reject; but, instead of this, apparently under the astute manipulation of one or two men, the somewhat indifferent general committee was led formally to give the power of making a contract to the sub-committee, which it had not legal right to do, and afterwards they could not repudiate the action of this sub-committee without impugning the honesty of its members, as their instructions were plain.

Legal proceedings would in all probability set aside the action of the committee; but who is to institute such measures? The wrong has been done, not to an individual, but to the general profession. No publisher could be expected to take any active step. It is a fair question as to choice between the bid of Messrs. Hall & Whiting and that of Messrs. J. B. Lippincott & Co., and if to either of these the contract had been awarded there could have been no fair complaint. Moreover, at the offered terms there would certainly be no profit in the contract for J. B. Lippincott & Co., and probably little for the Boston firm. It is plain there is no interest at stake sufficient to warrant these publishers in instituting legal proceedings. Wm. Wood & Co. will take their booty,

asylum. So should it be in all private asylums.

In opposition to these sentiments, Dr. Livingstone claims the right—based, he says, upon the opinions of “eminent legal counsel”—to restrain alleged insane persons of their liberty, and, *at will*, to admit or refuse entrance to their friends without the important preliminary of a sworn legal certificate. Eminent counsel may be right; possibly they may be wrong; but, whether they are right or wrong, Dr. Livingstone will sooner or later be forced to perceive that public opinion in this city and State will not tolerate such private mad-houses; and we sincerely hope that at the next session of our State Legislature a law will be enacted making the immuring of any insane person without a legal certificate a felony, and requiring all private insane asylums to be open at all times to inspection by the State Board of Charities.

In order that the exact status of private mad-houses in Pennsylvania may be properly understood, we gladly add the following, received just before going to press:

Attorney-General Palmer, in a recent letter to Mahlon H. Dickinson, President of the Board of Public Charities, says that, in his opinion, such institutions are properly subject to the visits and scrutiny of the Board of Public Charities, and believes that by the act of April 24, 1869, creating the Board, it was intended to place within its supervisory powers all charitable, reformatory, or correctional institutions within the State, which, of course, includes institutions for the treatment of the insane. In continuation, he says, “There is nothing in said act or any other act that I know of which prevents any individual from establishing a hospital for the treatment of the insane, or any other class of unfortunates, as a private business or enterprise, and I do not think such institutions are within the purview of the act of 1869. The powers of your Board are, to some extent at least, inquisitorial in their nature, and ought not to be exercised with respect to private business and property without a clear warrant of law. Such warrant I do not find in any of the statutes defining the powers and duties of the Board of Public Charities.” He holds, however, that insane asylums managed for gain or pay are not subject to the visits and scrutiny of the Board

under the act of 1869 and supplements, and is of the opinion that further legislation will be necessary to bring them within the operations of the Board.

#### EXAMINATIONS FOR THE POSITION OF RESIDENT PHYSICIAN IN OUR HOSPITALS.

IT is a matter of great importance to the medical schools, and especially to the medical profession of this city and of the country at large, that competitive examinations for positions as resident physicians in hospitals be so conducted that no suspicion can arise as to the fairness of the examinations. In the busy rush of professional work in March there is, however, a great tendency for the members of medical staffs to neglect their obvious duties, or so to perform them as to degrade the examination to the rank of a farce. In the University Hospital formerly almost the whole medical staff was present at the annual examinations; but of late years all have dropped off except a few less busy, more conscientious, or more tenacious than their colleagues. Fortunately, those who are present do their duty in a way most praiseworthy, as is shown by the fact that the medical examinations of each candidate this spring averaged over three-quarters of an hour, and the surgical about an hour and a half.

In some of our hospitals the neglect seems to be of a serious character. Thus, we are credibly informed of one instance in which none of the general medical staff were present, and, so far as the practice of medicine is concerned, the examination was conducted by a specialist who chanced to be on hand. It is also affirmed that a candidate received upon medical topics three questions,—What is typhoid fever? What is typhus fever? What is diarrhoea? Upon surgery also three questions,—What is the difference between concussion and compression? When would you trephine? Difference between laryngotomy and trach-

ectomy?—the examination of the man occupying (exclusive of time given to bandaging) from ten to twelve minutes.

There is a very frequent complaint that hospital managers do not pay attention to the wishes and beliefs of their medical *confrères*; but we are not sure that the medical *confrères* always deserve the respect they desire. Such an examination as that spoken of above is more than a farce: it is a fraud. It affords a strong argument for the old plan, in which the opinion of the medical staff was not asked, but managers elected the residents solely upon their own responsibility. Kissing had better go by favor than by the indiscriminate selection of the kissee on a very partial examination.

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## CORRESPONDENCE.

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### LONDON LETTER.

THERE are few diseases which have deeper interest for physician and patient alike than that group of allied maladies known as Bright's disease. Nor is the subject one to which the surgeon is indifferent: far from it. The faint cloud produced by heat or reagent in the test-tube containing the suspected urine is ominous of evil if any operation has to be performed. This ready test for renal disease—viz., the presence of albumen—is not now accepted so unhesitatingly as it has been as the criterion of renal disease or its absence. At first the presence of albumen was regarded as the proof absolute in life; the morbid changes in the kidney, the convincing evidence of the malady in the dead-house. For some time past, some writers have called in question the infallibility of the albumen test for Bright's disease; nor has any one been more outspoken in this matter than myself. It is, then, with much satisfaction I hail the appearance of a pamphlet from the able pen of Dr. F. A. Mahomed, of Guy's Hospital, entitled "Chronic Bright's Disease without Albuminuria,"—his thesis for the degree of Bachelor of Medicine of the University of Cambridge. Dr. Mahomed first became favorably known to the profession by his work on the sphygmograph; and he contributed the section on the use of this instrument to the last edition of Walshe's well-known treatise on the diseases of the heart. Then he was the resident medical officer of the London Fever Hospital, where he carried out a series of most valuable observations as to the rise

of blood-pressure in the arteries which precedes albuminuria and convulsions in the uræmic stages of scarlatina. Dr. Mahomed is regarded here as one of the most trustworthy of our rising physicians; and well he deserves his position. Recently, along with Mr. Galton, the well-known author of "Hereditary Genius," he has collected a series of photographic portraits illustrative of various forms of well-marked disease, as phthisis, for instance. Consequently he is entitled to consideration for what he has actually accomplished, as well as the promise he displays,—this last being the only claim of some young aspirants to fame, a promise which may or may not be fulfilled. A goodly number of the young men attached to the London hospitals owe their position to something they are credited with as going to be done some day; but, to judge the future by the past, the promise remains not uncommonly unfulfilled. But in Dr. Mahomed's case there is the best guarantee of future work in the shape of good work already accomplished. He commences, "That the urine in chronic Bright's disease is occasionally, or even not infrequently, free from albumen is by no means a novel observation. The object of this paper is to prove something more than that: it is to prove that in the earlier stages, and in most cases even to their final stage, the urine of what is known as chronic Bright's disease, with red granular kidney, is most commonly perfectly normal. More than this, its object is to prove that chronic Bright's disease is not a renal disease, although it frequently gives rise to renal affections, or else that another disease must be recognized, which constantly precedes and prepares the way for Bright's disease, which may be called arterio-capillary fibrosis, or any other name which may be preferred to it. For my own part, it seems preferable to retain the name 'Bright's disease' for the general condition, nearly all the pathological results of which Bright so accurately described, and to say that, though the associated changes of granular kidney, hypertrophied heart, and atheromatous arteries were all described by him, yet his interpretation of their relations and causation was not in all cases correct; that it is probably true in many cases of the acute disease, but that we have learned in time so to extend our views that we now include a much wider field when we speak of the pathology of Bright's disease than that which Bright described, though possibly not a wider one than he suspected when he insisted on the insidious character of the malady which bears his name."

It will be within the memory of many readers that some ten years ago a discussion took place between George Johnson, the well-known writer on kidney disease, on the one hand, and Sir William Gull and Dr. Sutton on the other, as to the changes in the vascular system found along with Bright's disease.

Johnson held that hypertrophy of the muscular wall of the arterioles was the change *par excellence*, while his opponents held the change to be a fibrosis of the wall of the vessel. No doubt Johnson was right about his fact in a large number of cases; but there seem grounds for the other view in other cases. Clinically one learns to recognize one variety of chronic Bright's disease where the vascular system seems to escape, while in others it is markedly affected. This by the way.

To return to Dr. Mahomed. He follows the work pursued at Guy's since Bright's death. It was as far back as 1852 that Dr. S. Wilks, the eminent pathologist, wrote on this subject, when he preferred the term "Bright's disease" to "albuminuria," "since renal disease he found might exist, and no albumen escape in the urine; and albuminuria might occur temporarily without depending upon any such lesions as Bright had described in the kidney." Especially is it in the red granular kidney that the urine is copious, clear from deposits, and usually free from albumen. Such change in the kidney is very common with persons up in years, especially those who have had gout in any of its manifestations. When albuminuria is found, it is to be attributed to obstruction in the circulation in the tufts and capillaries of the kidneys rather than through the walls of the uriniferous tubules denuded of epithelium cells. The morbid change spoken of as "arterio-capillary fibrosis" is not an essentially senile degeneration, but "a chronic irritative or inflammatory change." It might or might not be found with hypertrophy of the muscular coat of the small arteries. It will, it is thought, be found to explain the various inflammations of serous and other membranes notoriously associated with chronic Bright's disease.

The two forms of kidney-change generally recognized are the "large white" and the "small red kidney." The first is found with albuminuria; the latter, usually without it. Epithelial changes in the kidney are found with albumen and dropsy essentially; the growth of interstitial connective tissue with chronic disease, without these two phenomena; while vascular or perivascular thickenings may go with either change. These last, indeed, are a general change, which is found elsewhere than in the kidney merely. High arterial tension is found before the kidneys are affected, and is the cause of the vascular changes in the little vessels to which the hypertrophy of the left ventricle is subsequent. He writes, "High arterial pressure is not a consequence but an *antecedent* of kidney disease. In the acute condition, as seen in scarlatina, the high pressure can be recognized in the pulse before (and, experience has since shown, long before) the kidney gives any sign of failure or albumen appears in the urine, and that treatment of this high pressure usu-

ally arrests or cures the kidney trouble; while as a chronic state high arterial pressure occurs in some persons from youth upwards, apparently marking them out for future Bright's disease, and that it is common in lead-poisoning, alcoholism, pregnancy, dyspepsia, and other conditions predisposing to Bright's disease; that it occurs in them long before there is any sign of renal failure or organic vascular changes, which probably require in most cases years to develop. It therefore follows that these chronic conditions of high arterial pressure will produce in the kidneys and elsewhere the vascular and perivascular changes of Bright's disease.

"Since it has been demonstrated that this vascular condition frequently precedes and ushers in both acute and chronic *renal disease*, and that it produces the vascular changes characteristic of Bright's disease, it follows that this general inclusive term, Bright's disease, indicates not so much a primary renal disease as a general or blood disease in which the kidney is especially liable to be attacked, though it is well known that it suffers not alone, but in company with several other organs, notably the lungs, which are almost constantly affected by bronchitis, the stomach and intestines, which suffer from catarrh, and the skin, which has catarrh of its sweat-ducts." What the skin diseases are which have as their pathological foundation "catarrh of the sweat-ducts" I do not know, nor have I here, far away amidst the mountains of South Wales, any works on skin disease at hand to determine the matter; but eczema is one, without any doubt. To follow the text: "From these considerations it follows that we have to deal with three stages of chronic Bright's disease: first, the *functional stage*, which is limited to the condition of high arterial pressure, without organic changes in either the vascular system or the kidneys; second, the *chronic Bright's disease without nephritis*, the stage of organic changes in the vascular system and in the kidney (for which, if thought desirable, the term 'arterio-capillary fibrosis' might be employed); third, *chronic Bright's disease with nephritis*, the natural but by no means the invariable termination of the disease; epithelial changes have now taken place in the kidneys, or the cirrhotic changes are extreme, and the symptoms of renal disease have become prominent."

The reader will see from this that Dr. Mahomed holds that evidences of renal change are only furnished at the later stages of the malady. Consequently, the practice of calling the test-tube into action, and putting it in the witness-box to speak as to the existence or absence of Bright's disease, is invalid, and the witness is dumb as to the earlier stages of Bright's disease: it is only when the morbid change is far advanced that this witness has anything to say. In the red granular kidney the test-tube is not usually in court at all, at

any stage, early or late. Of course these conclusions of Dr. Mahomed must be very disturbing to the shallow crowd who still make the presence or absence of albumen in the urine the test absolute of Bright's disease. But it is high time that this misplaced confidence was upset, as this narrow view tends to blind its holder to the wider-spread and more general evidences of the presence of Bright's disease, which require observation and thought for their recognition,—a much more arduous matter than the simple one of a chemical test for albumen. If these confiding individuals do feel that it is time to rearrange their views, such as they have, be the same more or less, they cannot expect much sympathy from those who have learned by the sweat of their brow that Bright's disease is something more than the presence of albumen in the urine, and that indeed in a large class of cases, notably the gouty, albumen is never present in it. There is a long antecedent stage of chronic Bright's disease before it is so gross, so palpable, as to force itself upon the consciousness, and when it can only be detected by the eye trained to look for it. The importance, however, of learning to recognize it in its earlier stages is very great, as it is then that most can be done to arrest its progress. If the medical man can only recognize it when the later stages of evidences of renal change are present, comparatively little can be done. The doctor goes on to say, "Of these stages, the third is well known: it is the form of this disease commonly diagnosed. The second is the one to which this thesis is devoted. The first appears to have every probability in its favor; but it requires years to prove it, as the cases must be watched from youth into old age." The class I have just spoken of in terms which may be somewhat offensive to them can reflect over this last quotation, and see if they like it any better than my remarks.

Now as to the actual kidney changes which go on. "The kidney of the second stage, to the naked eye, is purely red, more or less granular; the capsules will be somewhat, and perhaps extremely, adherent; the cortex atrophied little or much, the cut edges crenated, the arteries distinctly thickened, gaping, and prominent; the heart more or less hypertrophied; in some cases the kidney may look perfectly healthy; perhaps the arteries alone may look a little thick. The microscope in these cases will show thickened *membrana propria* of the tubules, thickened capsules of the Malpighian tufts, more or less intertubular fibro-hyaline thickening, the arteries thickened both by hypertrophy of the muscular and fibro-hyaline thickening of the intima, and perhaps of the adventitia; the epithelium will be normal or only a little granular, not increased in quantity. These kidneys differ from those of the third stage, inasmuch as the latter, to the naked eye, show gray or yellowish granulations in the cortex, these appearances being

due to excessive proliferation of the epithelium of the tubes. The condition is so distinct that it is easy to recognize by the presence of gray or yellowish mottling the existence of any epithelial changes in the kidneys. These latter kidneys almost invariably give rise to albuminuria, and not unfrequently to dropsy. These epithelial changes may probably come and go at any time in a kidney of the second stage, giving rise to the numerous exacerbations and intercurrent acute attacks to which the cases are so liable." So far, this is a definite expression of opinion. He then goes on to say, "It is kidneys in the second stage, or red granular kidneys, which, in my opinion, give rise to no albumen in the urine nor any dropsy. They can be diagnosed by the cardio-vascular signs alone." Thus it is clear that in the circulatory system we are to look for the evidences of chronic Bright's disease,—viz., the hypertrophied left ventricle with the attendant loud closure of the aortic valves, and the tense artery, soon tending to become hard as the high arterial tension produces atheromatous changes.

Dr. Mahomed then explains that he has collected a series of cases upon which he relies to prove the proposition "that this [second] stage of chronic Bright's disease gives rise to no symptoms of renal failure." The cases number sixty-one in all. They were under the observation not of Dr. Mahomed himself, but of two colleagues, who had no particular axe to grind, and whose testimony is therefore quite unbiassed and impartial. "In addition to their more prominent symptoms for which they sought relief, nearly all these cases presented the following characteristics, which led to their diagnosis. They all had the signs of high arterial pressure; they all had very considerable hypertrophy of the heart, those cases only being accepted in which the apex-beat was in the nipple-line or external to it. In many the arteries were tangibly thickened; in all cases the urine was free from albumen while they were under observation. In most of the cases it was altogether free. In eleven cases albumen was present on one or two rare occasions during a long period of careful observations; this happened immediately after admission to hospital and during the time they were severely ill. In three cases, though absent during long periods of observation, it occurred just previous to death. In three other cases of typical chronic Bright's disease the patients were admitted with albuminuria, which disappeared under treatment, and they left without it. Three cases had urine very variable in its character,—sometimes albuminous, sometimes not. In the remaining forty-one cases albumen was never discovered in the urine." In seven cases hypertrophy of the heart was little developed. "Of the twenty-one fatal cases, all had thickening of the arteries visible to the naked eye; all had well-marked hy-

pertrophy of the heart except three," where its absence might be accounted for by the general condition of emaciation. "In ten cases the kidneys were of the ordinary red wasted and granular variety." Two were large and granular; three were of the mixed or yellow granular variety; in five the kidneys looked normal to the naked eye, but of three examined by the microscope, "thickening of the vessels, Malpighian capsules, and stroma" was found.

Such, then, are the data which Dr. Mahomed puts forward to prove his position. His general observations and remarks only can be given here. The cases he records are too numerous and too lengthy for any attempt to be made here to give abstracts of them. They are, however, well worthy of careful perusal by all interested in the matter; and that means all thoughtful medical men. They are given from the notes made of them by the physicians, or their clerks, under whose observation they were. There is no tampering with the witnesses by Dr. Mahomed to prove his point: all is fair and above-board. So interesting is the whole that it seems to me it would be well for some publisher on the American side of the water to republish the thesis, so as to bring it within the reach of the thousands who would be glad to have the opportunity of making a careful study of the essay.

If the view put forward by some writers is a correct one, that renal changes may be set up by mental worry, the subject of chronic Bright's disease, of which the renal changes are a later outcome, becomes one of entralling interest. The sooner such a tendency can be detected, the sooner something can be done to avert the threatening danger of the coming changes; but if the practitioner is lulled into a false confidence about his patient by an absolute reverence for the revelations of the test-tube, it seems highly probable that he will only succeed in locking the stable door—after the steed has gone.

J. MILNER FOTHERGILL.

## PROCEEDINGS OF SOCIETIES.

### PATHOLOGICAL SOCIETY OF PHILADELPHIA.

THURSDAY EVENING, JANUARY 26, 1882.  
The PRESIDENT, DR. S. W. GROSS, in the chair.

*Osteoid chondroma of pelvis.* Exhibited by DR. H. F. FORMAD.

THE specimen exhibited is a portion from an enormous tumor removed post mortem by Dr. J. T. Ullom, of Rogersville, Greene County, Pennsylvania.

The following history was kindly furnished by Miss Jennie Teagarden, medical student: Mrs. Moore, of Greene County, Pennsylvania, married, at 36, height five feet three inches, weight in health one hundred and twenty-five pounds. Mother of three children; two are now living. The youngest child, born March, 1878, is healthy and well developed. Medical aid first called during summer of 1873, after having noticed a small hard lump in right iliac fossa; the growth about the size of a hickory-nut; no treatment; patient advised to let it alone.

One year later, another physician, Dr. J. T. Ullom, was called. On examination, found tumor about size of a walnut, firmly fixed, causing slight lameness, otherwise giving no trouble. The diagnosis made at the time was fibro-cartilaginous; no special treatment. The general health not impaired, but tumor rapidly increasing in size. During the year 1876, a dull, aching pain in the parts, joint became ankylosed. Patient did not lose flesh; menstrual function normal until last six months of life, then became scanty and irregular; three months before death, disappeared entirely. About same period, micturition became extremely difficult and painful; constipation during last year of life. At time of birth of last child, the tumor filled one-half the pelvis, gave great trouble in delivery, a slow labor exhausting patient very much. During last two years was obliged to lie in bed continually, the bed being a very low couch; could not rise up or move the affected limb. The appetite continued, digestion seemed unimpaired, and patient did not suffer greatly until two weeks preceding death. Defecation and urination then became almost impossible; catheter could not be passed. The extremities swollen and discolored, small blisters appearing upon the one on affected side. A small growth resembling the large one made its appearance upon ankle of the other extremity.

The mind remained clear. Death resulted from mechanical obstruction of bowels and bladder; occurred August 7, 1881.

*Autopsy*, ten hours after death.

The upper portion of the body presented no unusual appearance; lower limbs very much swollen; right limb presented a gangrenous appearance. A tumor covering whole of outer side of right hip, extending from median line to spine, and from knee to umbilicus in front and to ribs behind.

Longest diameter, forty-nine inches. From inside of thigh around nates, fifty-three inches.

Middle third of thigh, forty-six inches. Circumference of abdomen above tumor, thirty-five inches.

From crest of ilium around right nate, twenty-eight inches. Surface presented nodulated and irregular appearance. Dissection presented same appearance; integument not

adherent; separated readily; immediately beneath integument numerous cartilaginous growths formed singly and in clusters; some of these creak under the knife, a serous fluid escaping; no resemblance to muscle or blood-vessels. Deep dissection showed the whole joint involved, osseous growths, cysts from which a jelly-like fluid escaped; this in some parts dark grumous; middle and upper part of femur also involved. No muscles, nerves, blood-vessels, or bones; all appropriated to the abnormal growth. In the abdominal cavity a large quantity of a gelatinous substance. The uterus normal, also the left ovary; right barely recognizable. Weight of whole tumor, seventy-five and one-fourth pounds. No examination made of thoracic cavity. Death resulted from mechanical obstruction of bladder and bowels. Later diagnosis, enchondroma. The very early history not satisfactory; the post-mortem unavoidably made with haste.

Dr. GROSS said that he thought, from the description of the tumor given by Dr. FORMAD, the growth should be classed as an *ossifying osteoid chondroma*.

Dr. FORMAD said that it was true that bony plates were found after decalcification; but, as Virchow has pointed out, both ossification and calcification is the invariable and natural fate of the osteoid chondromata. Virchow has described them as benign, although metastases of these growths may occur. It is worthy of note that, with the exception of three or four cases, osteoid chondromata of the pelvis which occurred in multiparous women all followed fractures or injuries.

Dr. GROSS had not read Virchow's account of these tumors for several years, but thought that Dr. FORMAD was wrong, as Virchow distinctly states that they are of a suspicious nature, and relates a case in which metastatic growths had formed in the lungs and pleura. He thought all other German authors agreed in speaking of the great bulk attained by these growths and their extreme malignancy.

Dr. FORMAD thought that metastasis was not always a proof of malignancy. No one considers the osteoid chondroma or the pure chondroma malignant, although numerous cases of the latter tumor are on record in which metastasis is said to have occurred.

Dr. GROSS opposed this view, and said that he doubted if a *pure* chondroma of any organ ever resulted in metastasis, instancing the recent analysis of the cases of so-called malignant chondromata of the testicle by Mr. Bultin in support of this view.

Dr. FORMAD then spoke of chondroma of the testicle where the cartilaginous substance was disposed in the form of little cylinders wedged into the lymph-spaces, which might readily become dislodged and give rise to metastatic growths in the lungs. It has been also experimentally proved by Henry Wile that particles of any normal tissue trans-

planted to the lungs by means of the jugular vein grow and develop in precisely the same manner as malignant metastatic tumors. He did not deny that in many cases of cartilaginous growths in the lungs the question of their local origin from the bronchial cartilages might not fairly arise. The readiness with which the cartilaginous cylinders might be dislodged was pressed by Virchow.

Dr. SEILER asked whether the apparent difference between the different speakers could not be explained by stating that in enchondroma of any organ similar multiple growths were found which perhaps had no connection as cause and effect.

Dr. NANCREDE referred to the fact of the common association of cartilage with sarcomatous, myxomatous, and other growths, especially in testicular growths. Of course microscopical examination of a metastasis of such a mixed tumor would sometimes perhaps reveal cartilage alone, when the mistake as to chondromatous metastases might readily arise unless an exhaustive examination of the primary growth had been made.

*Chondroma of testis.* Exhibited by DR.  
H. F. FORMAD.

The patient from whom this tumor was removed was James Fox, æt. 40, white, and born in Ireland. He was admitted into the University Hospital December 19, 1881. Until within the last eighteen months he was healthy. About a year and a half ago he received a blow on the scrotum. The testicle remained tender for some time. One year ago the right testicle began to enlarge. At times there was slight pain, but not enough to interfere with his work.

When removed by Dr. Agnew, a large tumor involving the right testicle and right side of the scrotum, and extending to the external ring, was found. It was heavy, free from fluctuation, not translucent, and did not give impulse to touch on coughing. The superficial veins of the scrotum were enlarged.

Dr. S. W. GROSS thought that the tumor evidently sprang from some of the intrascrotal structures, as the testicle was clearly present, comparatively—perhaps perfectly—healthy, as was also the vas deferens.

*Report of the Committee on Morbid Growths.*—"The tumor removed from the scrotum, upon microscopical examination, is found to be the testicle, in which are developed numerous small nodules consisting of encapsulated cells separated by a hyaline matrix,—cartilage-tissue. The tissue surrounding the small cartilaginous nodules is made up of fibrillar connective tissue in a state of active proliferation; its blood-vessels are mostly seen congested with blood. Here and there are seen the seminiferous ducts, the lining cells of which are undergoing granular degeneration. The small tumor connected with the testicle is found to be an enlarged lymphatic gland.

"April 13, 1882."

*Tumor of the suprarenal body.* Exhibited by  
DR. H. F. FORMAD.

Dr. FORMAD said that he had no history of this specimen, it having been accidentally discovered in a post-mortem examination made for another affection in a patient dying in the Philadelphia Hospital under the care of Dr. Tyson. The kidney of the same side was of the large white variety, but was unconnected with the tumor, which was developed within the suprarenal body. It had extended also beyond its envelope, and, the doctor thought, probably involved some of the neighboring nerve-plexuses. Microscopically it resembled a glioma, but on more careful examination it might prove to be a non-medullated neuroma. There also seemed to be some myomatous degeneration.

Dr. TYSON recalled the autopsy, but nothing of the previous history of the case. He did not think that the growth sprang from the suprarenal body.

*Eccondroma of the larynx; ankylosis of the right arytenoid cartilage; dyspnea, aphonia; death from pneumonia following tracheotomy.* Exhibited by DR. J. H. MUS-SER.

The patient from whom this rare specimen was removed applied to the University Hospital medical clinic for treatment, having been sent by Dr. Wetherill, of Lambertville, New Jersey. Prof. Pepper, in a clinical lecture, developed the following facts of the case.

During the war the patient was a cornet-player, continuing his profession since then as his health permitted. Ever since the war he complained of irritation in the throat and of shortness of breath, while his voice was changed in tone,—cracked. The dyspnea was worse on exertion. There was gradual loss in the power of the voice. Three years ago he had to give up work, especially on account of dyspnea. His breath had been offensive.

When examined, he was 50 years of age. He had lost twenty pounds in weight. The voice was lost; dyspnea was constant; the breathing was stridulous; deglutition was not difficult, but there was a sense of obstruction; there was no expectoration. Laryngoscopic examination revealed congestion of the parts about the base of the epiglottis, and of the ary-epiglottic folds. There was complete paralysis of the right vocal cord; it was drawn aside; the right arytenoid cartilage did not move. Below the vocal cords, on the posterior wall, a tumor was readily seen, encroaching upon the lumen of the tube, the only free space being to the left of the median line.

The patient was advised of his danger, and of the wisdom of tracheotomy. He went home, to return in a short time on account of urgent dyspnea. Just after entering, the dyspnea became so severe that tracheotomy had to be performed hurriedly May 28, 1881.

He rallied well from the operation, and was in a good condition until June 1. Pneumonia developed that day, resulting in death in forty-eight hours.

After death, the state of the larynx was found as noted above. A tumor the size of a walnut, of the macroscopic appearance of an eccondroma, grew from the right half of the posterior surface of the cricoid cartilage into the lumen of the larynx. A space, elliptical in shape, one-half inch in length and one-eighth in width, to the left and anteriorly, alone permitted the entrance of a probe. The arytenoid cartilage was immovable.

It is of interest to note the causal relation between the occupation of the patient and the laryngeal disease, and to consider the inflammatory origin of the mass. In the works which I have at my command I cannot find any records of a similar case. Hence it must be extremely rare.

Dr. J. SOLIS COHEN said that he had never seen any such growth reaching the large size this one had attained. Such tumors were common in Europe, but much rarer here.

*Gunshot wound of the mastoid process of the temporal bone, involving the lateral sinus; insignificant hemorrhage.* Exhibited by DR. C. B. NANCREDE.

H. M., at *circa* 25 years, was admitted into the male surgical wards of the Episcopal Hospital under my charge on January 1, having accidentally shot himself the evening before with a small 22-calibre ball behind the right ear. Trifling bleeding had occurred, but little if any shock, and he walked unassisted to the hospital. No motor or sensory trouble was ever noted. On examining him carefully, the probe passed upward, inward, and backward through the mastoid process to such a depth as to convince me that the lateral sinus must be injured, especially as rather free venous bleeding ensued upon the withdrawal of the probe. Marked meningeal irritation ensued, with flushed face, congested eyes, high pulse and temperature, which was relieved by appropriate treatment, only to be followed by a pyæmic chill on January 11, when the mastoid process was trephined to give freer exit to the rather profuse discharge. A portion of the ball was found between the integument and the bone, but the main portion of the ball was not found. Some relief ensued, but on the 12th and 15th the chills recurred, and he died, January 16, in a markedly typhoid condition. The post-mortem examination showed that the ball lay partly within the sinus, partly between the bone and the upraised sinus-wall. Indeed, on opening the sinus, which was partially filled with ante-mortem and fully by post-mortem clot, the ball rolled out. Whether the ball originally penetrated into the sinus at all, whether it partially entered and the opening became larger by ulceration, or whether the aperture was wholly

due to the latter process, could not be determined. One or two small secondary abscesses were detected in the lungs.

*Congenital cyst of the neck.* By DR. J. H. MUSSER.

The tumor was situated on the right side of the neck; it was as large as the child's head; the base extended from the median line of the neck anteriorly to within an inch of the posterior median line, and from the edge of the lower jaw to the clavicle. The sac was distended, the wall quite thin; on the surface there was great capillary injection, but there were no evidences of a previous naevus. The fluid drawn off was straw-colored, clear, and contained albumen. In three days it re-filled. Professor Agnew saw the child with me, and advised the introduction of a seton. The seton set up inflammation of the wall of the sac; it became thick, while the discharge changed from serous to sero-purulent, and then a thick, grumous, yellowish-green, very offensive fluid. The sac would diminish in size, to re-fill again, especially if the counter-outlets, which spontaneously opened, would close. In two and a half months the discharge ceased entirely, and at present there are three or four puckered and depressed cicatrices in the middle of the neck, with considerable redundancy of skin around them.

I should have stated that the child had hereditary syphilis, and that I had it on mercury for some time.

#### PHILADELPHIA COUNTY MEDICAL SOCIETY.

**A**T a conversational meeting held January 25, Dr. Horace Y. Evans, President of the Society, in the chair, Dr. M. O'Hara read a paper on "The Use of Ice in the Prevention of Mammary Abscess," and Dr. W. R. D. Blackwood read a "Note on Nitrate of Silver in Dysmenorrhœa" (see p. 517). Dr. Henry E. Dwight related "A Case of Insanity and Suicide caused by Middle-Ear Disease."

#### ICE IN TREATMENT OF MAMMARY ABSCESS.

Dr. Henry E. Dwight approved of this plan of treatment, as he had used it with much benefit in a number of instances. He had learned its use in Europe. Such cases, however, he believed to be much rarer in France than here.

Dr. W. R. D. Blackwood said that he was perfectly satisfied that belladonna plaster does not prevent the secretion of milk or the formation of abscess, as he had used it freely without seeing any good effect. He had, at Dr. O'Hara's suggestion, tried the ice treatment, and had very satisfactory results from it. Some cases, however, cannot use it to any extent without its producing great depression.

Dr. Woodbury inquired if the cases treated

by belladonna, in which the secretion of milk had not been influenced, had experienced dryness of the throat while under treatment. Possibly the constitutional effects were not obtained; and this might explain the difference between the last speaker's observations and those of the authorities generally upon the physiological action of belladonna.

Dr. Blackwood said that the patients had exhibited the usual symptoms of dry throat and dilated pupil.

Dr. O'Hara said that he would have quoted Dr. Corson more freely, had time permitted, as to the value of the ice treatment in arresting incipient inflammation, which is not as well known or as frequently used as it should be. He would not wish to convey the impression that these cases are common; on the contrary, they are rare. He had never seen a case of gathered breast following a still-birth; but where the breast remains functionally active he believed that no remedy could be relied upon equal to ice. It is important, unless really necessary, not to dry up both breasts, on account of the child.

Dr. Henry Leffmann said that he was much interested in the remarks of Dr. Blackwood upon sewage in ice. He thought that such contamination is very frequent. He also said that Dr. Cameron, of Dublin, has recently shown that the ordinary water found in oysters may be very rich in sewage, giving very high figures by analysis. His attention had been attracted to the subject by the fact that the oysters were growing near the outlet of the sewers in the docks.

#### NITRATE OF SILVER.

Dr. C. K. Mills said that he had had considerable clinical experience with nitrate of silver in the treatment of nervous disorders, and had found it to be the best remedy for some of these diseases. In posterior spinal sclerosis, he thought that of all the remedies we have, except the iodide of potassium, the nitrate and oxide of silver are the best. He had also used the nitrate in epilepsy, but had obtained less good effects than from the bromide, or the salts of zinc with belladonna. In chorea he had given it with apparent success. Sometimes it has a beneficial effect in sclerosis of the lateral columns and in disseminated sclerosis. In all these cases the benefit seems to be derived from the action of the remedy upon the nerve-centres, and not from any local effect exerted by it upon the viscera. In the same way, the good results reported from its use in catarrhal jaundice, and in typhoid fever and other affections, may be due to its action on the central nervous system rather than to its local effects. He thought it is questionable whether small doses of the nitrate pass beyond the stomach unchanged. The typhoid lesion in the intestine may be simply a trophic one of central origin. We cannot explain the general effects of the ni-

rate of silver any more than we can those of arsenic in improving the nutrition. Late observations, however, show that arsenic really acts upon the nerve-centres, and this may be the explanation likewise of the action of the silver salts. Many of these restorative agents act more upon the vaso-motor system of nerves.

Dr. F. Woodbury said that the question of the general or local action of nitrate of silver in the class of cases referred to by the lecturer might easily be decided. If the benefit be due to the local action of the silver salt, in accordance with the therapeutical law that remedies act as stimulants to the glands by which they are excreted from the blood, then silver should be found in the discharge from the uterine mucous membrane; if it is not so found, it would to some extent favor the other view, that the effect is secondary to an impression upon the nervous system.

Speaking of contaminated ice, he referred to a family poisoned by using ice from a pond into which sewage had been discharged, reported by Dr. Budd in the Transactions of the Medical Society of the State of Connecticut. This is only likely to occur where ice is taken from shallow streams or ponds. Freezing does not destroy disease-germs; it merely suspends their activity. Even higher animal organisms, such as caterpillars' eggs, are frozen and covered with ice on the trees during the winter without destroying vitality. Freezing does not even coagulate albumen, or interfere with the response to the ordinary reactions afterwards. He had frozen albuminous urine in a test-tube, which afterwards melted again, but coagulated permanently upon the application of heat.

Dr. Blackwood said that it had occurred to him to make the test suggested by Dr. Woodbury, but he had somehow neglected to do so: he would, however, carry it out, in order to discover whether the silver is present or not.

#### INSANITY AND SUICIDE DUE TO EAR-DISEASE.

Dr. Henry E. Dwight related a case of persistent tinnitus aurium resulting in suicide.

Dr. Chas. K. Mills inquired as to the pathological conditions in the case. Was it a brain tumor, meningitis, or simply middle- or internal-ear disease? In the absence of any post-mortem, the symptoms seemed to point most probably to a meningeal growth, or meningeal inflammation following disease of the ear. He had seen a similar case, which did not terminate in suicide, however, but in natural death. He considered the diagnosis of acute mania as not settled. Some of the features suggest dementia paralytica; but, on the whole, the appearances are in favor of a limited lesion, such as a meningitis or a bone abscess spreading from the ear.

Dr. H. Augustus Wilson mentioned two cases of interest. In one, inflammation of the external ear was followed by middle-ear

disease and insanity. This was cured by removing some impacted cerumen, perforating the drum, and allowing the free flow of pus. A complete cure resulted in the course of a few months. The second case followed the use of the nasal douche: symptoms like those related by Dr. Dwight appeared; in forty-eight hours he was wildly delirious, and died under the influence of morphia, though not under the speaker's care. The subject is a very important one in relation to the course of ear-disease and the effects of treatment, whether proper or improper; and in this connection he referred to the interesting paper of Dr. Harlan, read before the Society last spring, as showing the relations existing between brain-disease and affections of the middle and internal ear, and the explanation of the causes of death in ear-disease. In the case reported it was probably caused by acute meningitis. He had seen the patient, and noticed that his face wore an expression of intense pain; he looked haggard and worn. A few days later he committed suicide.

Dr. Dwight said that he was interested in the cause of death, but in the absence of a post-mortem he had, in consultation with Dr. Strawbridge, arrived at the conclusion that it was due to extension of inflammation by means of the blood-vessels from the internal ear to the brain, although it might possibly have been due to meningitis. F. W.

#### NEW YORK ACADEMY OF MEDICINE.

A STATED meeting was held April 20, 1882, Dr. FORDYCE BARKER, President, in the chair.

#### APPLICATIONS OF RUBBER TUBING.

The first scientific work of the evening related to "Some Applications and Uses of Rubber Tubing," by W. M. CHAMBERLAIN, M.D. The speaker said, "It is, I believe, about a year since one of the surgical-instrument-makers of this city imported from Vienna a series of pieces of an apparatus known as Lighter's tubes, made of some metal, as blocktin, in the form of plates or disks, to be applied to various surfaces of the body for the purpose of circulating through them cold water with a view to the reduction of the temperature, locally in surgical cases and generally in medical cases. With these tubes came a pamphlet setting forth their mode of use, and containing testimonies from many journals as to the value of the principle and the adaptability and usefulness of the particular appliances, which seemed to be an entire novelty in that country. A patent was taken out on them in Austria, and it was the purpose of the inventor to take out a similar patent in this country; but when the importer showed it to some gentlemen here he was told that the instrument could not be patented, because the

principle, and even substantially the appliances, had been given to the profession several years ago. In 1873-74, at the meeting of the Medical Journal Association in this city, I endeavored to show those who were present a certain evening that various offices about the sick which were ordinarily performed by the use of a variety of instruments or appliances might better be performed by extemporizing apparatus made from rubber tubing. I supposed at the time that my ideas and appliances were novel; for certainly they were original and not borrowed. Since then I have ascertained that the same idea to a certain extent had already been developed by Dr. Roberts, of London, in 1871, and by Dr. Ashurst, of Philadelphia, in 1872. The instruments which I exhibited nine years ago I beg privilege of the Academy to exhibit this evening, and for the reason just referred to, that the principle is now attracting the attention of the profession as lately being original in Austria." Dr. Chamberlain then briefly referred to the literature on the subject of heat and cold in therapeutics, and said that the best single monograph on the subject was that by Esmarch, which was translated by the Sydenham Society, and related particularly to the principle as applied to surgery. From it he quoted from memory, "Of all the means which we possess for limiting the inflammatory process, I regard cold as the most available and the most efficient, and without it I would rather not be a surgeon." The appliances used by Esmarch were thin rubber bags containing ice. These had several objections. Containing ice, the degree of cold might be greater than necessary; if they did not contain ice, the degree of cold would be very inconstant, and they would also require a good deal of attention in changing the application, which was a source of discomfort to the patient. The weight might be uncomfortable to the patient, and it was difficult to adapt the bag to the form of the part to which it was applied. These objections to the ice-bag suggested to Dr. Chamberlain the idea of making use of soft-rubber coiled tubing, through which water at any degree of temperature could be constantly passed by means of siphon-pressure. In carrying out this idea, it was well to have the siphon-tube separate from the coil, with a funnel at the end for the entrance of the fluid, and a stop-cock at the other end. The vessel containing the fluid could be raised to any height, thus allowing the passage of a current at any desired rapidity. The tubing itself could be of any size indicated, and could be coiled into plates of any form, as round, circular, or oblong, and of any size, or, as when applied to the finger, wrapped round the part. The coil could be held in shape by strips of tin, or loosely bound to an open piece of fine wire matting, the latter method perhaps being most convenient. The apparatus could be made use of for the

application of cold in various affections, as in luxations, inflammation of deep fascia, synovitis of most of the joints, cerebral rheumatism or acute rheumatic meningitis, acute inflammation of the trachea, etc. It was of use where the temperature quickly rose after the cold bath, when the urgency of the case required this more general and severer application of cold. The small coil was of very great service in affections of the eye, as gonorrhœal, diphtheritic, and septic inflammations, etc., which by the old method were treated by constantly renewing every few minutes for several days the application of a cloth wrung out of cold water, a matter of great trouble, of discomfort to the patient, and of irritation to the surface. Not the least advantage which this appliance possessed was that it enabled us to employ hydrostatic pressure in washing out the bladder and stomach. It could be done with the greatest ease and gentleness. By lifting the vessel containing the fluid above the level of the hollow viscera, this would be filled by siphon-pressure, and emptied again on the same principle by lowering the vessel, thus enabling us to dispense with pumping-force necessitated by the use of the syringe. A rubber tube of softer and less irritating construction than the generally-used oesophageal tube could be employed. He thought the principle might be made use of in the treatment of tetanus, passing the current through a tube along either side of the spine, that affection having recently been treated on the principle of cold.

Dr. VANDERPOEL had used this method of washing out the stomach, employing soft-rubber tubing for the purpose instead of hard rubber, of which the common oesophageal tube was made, and found it exceedingly easy, efficient, and comfortable to the patient. The patient made the application himself without any assistance, as it were swallowing the soft-rubber tube, and apparently finding almost as much pleasure in emptying his stomach as in eating his food.

"*PERIOSTEAL PRESERVATION IN AMPUTATIONS OF THE LEG*" constituted the title of a paper read by Dr. JOSEPH D. BRYANT. The author stated that his purpose in writing the paper was not to present new or revolutionary ideas, but to elicit the opinion of those who had greater experience than he regarding the practical value of periosteal flaps, as they were called. He would incidentally allude to the practical proof which may have fallen under his own observation bearing upon the manner of making them, their subsequent usefulness, applications, etc. The history of the subject would occupy but little space in his paper, and would relate principally to the question whether healthy periosteum, when separated from the healthy bone, would reproduce bone of a healthy, normal structure. This question was answered in the affirmative by experiments on the lower animals. In review-

ing the question as to whether healthy periosteum could be separated from the healthy bone of the human subject, and its integrity be sufficiently preserved to perform its characteristic function, the production of bone, the answer, though more reserved and qualified, was still in the affirmative. The external fibro-vascular layer of the periosteum was more easily detached than the inner or cellular layer, but, even if it could be determined that either the one or the other alone had the power of reproducing bone, it still remained unquestionable that both together performed this function more efficiently, and the greater difficulty of detaching at the same time the inner layer should be overcome by the surgeon in every case. The success depended much upon a judicious selection of cases. The ratio of success was reverse to the age of the patient, being greater in youth, at which time also the membrane could be most easily detached from the bone. With proper care, new bone would be formed within from five to eight months.

If formed, would it be of use to the patient? The uses claimed for it were, that it prevented necrosis of the end of the divided bone; that it prevented discharges entering its canal; that it aided in preventing retraction of the flap; that it prevented adhesion of the cicatrix to the end of the extremity of the bone; that the new bony growth provided a firm extremity which obviated a tender and irritable stump. Dr. Bryant said that if one-half of these views were fulfilled, the patient would be inestimably benefited; and his observation, as far as it went, sustained them. It was objected that the healthy periosteum could not be detached in a manner subsequently to perform its function, but that subject was considered before; and second, that bony spiculae might project from the membrane into the extremity in a manner to irritate and annoy, perhaps cause complications requiring a subsequent amputation. The possibility of this latter accident he explained to his patients before adopting this mode of amputating, and acted on their decision.

He related two cases. In the first, that of a retired army officer, he performed Hood's amputation, and the results proved excellent, the patient having no trouble whatever in the wearing of an artificial limb; but by this method it was more difficult to adapt the detached periosteum to the end of the bone than in the second case, in which he performed the oblique operation. In this case also the recovery was rapid and complete, and was not attended by much suppuration. The patient was able to wear an artificial limb five weeks after the amputation, without any discomfort to the stump. Four months after the operation it became necessary to reamputate at the knee-joint, on account of a return of the malignant disease. The limb at the former amputation was then carefully

examined. The cicatricial line in the soft parts was scarcely discernible. It was freely movable. The periosteum was found to be firmly and evenly attached to the end of the tibia, sealing its extremity thoroughly. It could be detached from the end of the bone with but little difficulty. Its continuity with the periosteum above was plainly to be seen, and its relation to the superimposed soft parts was unchanged, being similar in all respects to that found in the limb above. There was no tangible evidence of the production of bone. The end of the tibia was smoothly rounded and closely covered by the membrane. The end of the fibula, which had not been covered by detached periosteal membrane, was found covered with fibrous tissue. He thought it a matter of little importance with such results whether bone were reproduced by the membrane or not.

Dr. STEPHEN SMITH said he had had a good deal of experience in this direction, some of it a little different from the details given by the author of the paper. He had not had an opportunity to make more than a superficial examination of the case years afterwards. His attention was called to the subject a long time ago, chiefly by seeing the very brilliant results Dr. Wood attained by his resections of the jaw, and he made some attempts to save periosteum in a rude way, as a great many seemed to do, by scraping it up, thus causing a certain amount of periosteal scrapings to fall on the end of the stump, but he was now satisfied that this did no good; it probably did a great deal of harm by necrosing and causing suppuration. Afterwards, however, he performed a very different operation, one which he thought preserved the periosteum better than that done by Dr. Bryant. It consisted, in the case of the leg, in making a long posterior incision, making flaps laterally, turning the flaps back about an inch, and making a complete circular operation of the leg, so that the stump then presented itself directly to the operator's face; the blood-vessels were tied, the periosteal covering was turned back with the entire mass, so that the periosteum and the tissues between the skin were entirely undisturbed. The drainage-tube was not employed, being a source of irritation and annoyance to the bone, and, as the drainage was very perfect in these cases without it, it might well be dispensed with. Indeed, since he employed this operation he got a great deal less suppuration even without the anti-septic dressings than formerly with them. He had witnessed growth of bone at the end of the stump in but a single case which made progression impossible. Patients with this kind of a stump bore artificial limbs with the greatest readiness almost from the first. He had not seen a case of adherent cicatrix, or one in which the cicatrix had ulcerated from use. An advantage of this method which Dr. Bry-

ant had not mentioned was the fact that the end of the bone did not atrophy and become spindle-shaped, as it did after the old-fashioned method, the cicatrix then adhering to the conical end and causing trouble. He considered the advantages, both immediate and remote, of saving the periosteum and covering the end of the stump with it, over the old method, at least fifty per cent.

The Academy then adjourned.

## REVIEWS AND BOOK NOTICES.

**ON HEMORRHOIDAL DISORDER.** By JOHN GAY, F.R.C.S., etc. 8vo, pp. 60. London, Churchill & Co., 1882.

We have read this little volume with much care, but must confess that we have failed to find in it any new light upon either the pathology or treatment of hemorrhoids. The author's style is very ponderous, diffuse, and involved; and he has a fancy for hair-splitting which is perplexing to the ordinary mind. Thus, in a foot-note on page 24, he says, "I have endeavored to distinguish between a varicose vein and varicosity of a vein. The former term I have used to denote a vein the coats of which have undergone morbid structural changes; the latter, simply dilatation with tortuosity." We do not see how it can be possible that a varicose vein should be anything but a vein in a state of varicosity. Although very neatly gotten up, the book is disfigured by a number of typographical errors.

**THE PREVENTION OF STRICTURE AND OF PROSTATIC OBSTRUCTION.** By REGINALD HARRISON, F.R.C.S., etc. 8vo, pp. 28. London, J. & A. Churchill; Liverpool, Adam Holden, 1881.

In this very practical little book the author urges the correctness of the view, now out of favor in some quarters, that a large majority of non-traumatic strictures are preceded by chronic gonorrhœa or gleet, and that the most frequent seat of stricture corresponds with that of gleet,—namely, the subpubic or deeper portion of the canal. Hence he advocates, for the prevention of stricture, more thorough dealing with the antecedent disease, and describes a simple but effective apparatus for the purpose. He thinks that a physical examination of the urethra should be made after all attacks of gonorrhœa. On this latter point we can hardly agree with him, as there are many patients who quickly and thoroughly recover from urethritis, just as from nasal catarrh. It is always better for the surgeon to have an eye upon even these for a few months, in order to be sure that the parts affected have become quite normal; but unless there is some doubt on this point we cannot think the passage of an instrument necessary.

With regard to the prevention of prostatic obstruction, Mr. Harrison recommends the employment of pressure by means of the regular and frequent introduction of bougies, with the view of "so moulding it [the prostate] as it grows as to prevent interference with the mechanism of micturition." For this purpose he employs olivary instruments, with stems long enough to permit the bulb to enter the bladder. The patient is taught to introduce the bougie for himself, and directed to do so at lessening intervals. Some very good practical rules for the hygienic management of the urinary organs are given; and our author concludes by expressing his continued confidence in the value of ergot as an internal remedy in cases of enlarged prostate.

## GLEANINGS FROM EXCHANGES.

**TREATMENT OF FRACTURES OF THE FEMUR BY SMITH'S ANTERIOR SPLINT.**—Dr. J. Edwin Michael recently read an interesting paper before the Clinical Society of the State of Maryland, entitled "A Critical, Historical, and Clinical Study of Smith's Anterior Splint," which contains a review-sketch of the development of this method of dressing fracture of the thigh, and discusses several forms of apparatus for its treatment by suspension in a position of moderate flexion of the limb both at the knee and hip, but especially by the apparatus known as the wire splint of Prof. N. R. Smith, of Baltimore. He concludes his article with the following remarks:\*

"In saying what I have in regard to the anterior splint, I have been actuated by a desire to bring before the profession a subject which it seems to me is too much neglected, and to call the attention of surgeons to an apparatus which may be a source of great satisfaction to themselves and comfort to their patients. I have attempted, and hope I have succeeded in discussing the subject from a judicial point of view, and, while I heartily approve of the anterior splint, I should dislike exceedingly to be considered a partisan of it or of any other instrument. The conclusions at which I have arrived are based upon a philosophical consideration of the principles involved, and supported by a sufficient amount of testimony from those who have put the matter to the clinical test to give them stability. My own experience has led me to adopt the anterior splint, as a rule, in the treatment of fractures of the femur. I have, from time to time, gravitated off to one or other of the different methods recommended. I have used the fixed splints of plaster, starch, etc., and, while my cases have generally done well, I have found the treatment more or less unsatisfactory. I have also used Gurdon Buck's

\* *Annals of Anatomy and Surgery*, April, 1882.

extension method, and should use it again in a case of extremely oblique fracture. But the position is uncomfortable to the patient, and unless there should exist especial indications for it I would deem it unnecessary. I have therefore found it to the advantage of myself and my patients to return to what, with me, is first principles. The meagre accounts which I find in Gross, Bryant, Erichsen, Holmes, and other systematic text-books on surgery which have come under my observation, convince me that the apparatus of Smith has not received the attention it merits, and I have no doubt that if surgeons would put it to the test in their practice they would find it possessed of all the good qualities we claim for it. It acts on well-recognized surgical and anatomical principles, is cheap, simple, easy of application, allows the patient considerable freedom of movement, gives perfect access to wounds in compound fracture without interference with the splint, and is for the general run of cases the best apparatus for the treatment of fracture of the femur, whether it be simple or compound, and of compound fracture of the leg."

**EXCISION OF A STRICTURE OF THE DESCENDING COLON THROUGH AN INCISION IN THE LUMBAR REGION.**—Dr. Thomas Bryant, at the March meeting of the Royal Medical and Chirurgical Society, read the record of a case of stricture of the descending colon, in which he excised the diseased segment of bowel through the wound made for a left lumbar colotomy, the patient recovering. The operation was performed on a lady aged 50, who had suffered from complete obstruction for eight weeks, and was very feeble. The stricture could not be felt from below. The bowel was removed through the oblique incision made for left lumbar colotomy, by simply pulling the segment strictured through the wound, and stitching each portion of the bowel, with its two orifices as divided, to the lips of the wound. The stricture was of the annular kind, and involved about one inch of the bowel; it was so narrow as to admit the passage of a No. 8 catheter. The preparation was exhibited, with microscopical appearances of the growth in section, as made by Dr. Goodhart. Mr. Bryant said he believed the operation he had performed was a new one, and that it was applicable to not a few of the cases of stricture of the descending colon. It had suggested itself to his mind from seeing cases of localized or annular stricture of the bowel which were free and movable, both in operations of colotomy as well as in the post-mortem room; but the case read was the first in which he had put the suggestion into practice. He pointed out how these annular strictures were generally local diseases, and consequently how desirable it was that they should be removed where possible. He suggested that the question of excision of the diseased growth should be entertained as soon as the

diagnosis of the case was made, and that, in every case of colotomy for chronic obstruction of the descending colon, the possibility of being able to remove the diseased bowel by operation should be considered before the bowel was opened for a colotomy operation. He then showed how desirable it was that the question of excision or of colotomy should not be postponed till the patient's powers were too feeble to bear either, as was too often the case. He stated that he did not regard the operation he had performed in a more serious light than he did a colotomy in which the peritoneum was wounded.—*Brit. Med. Jour.*, April 1.

**TETANUS FOLLOWING VACCINATION WITH BOVINE LYMPH.**—A boy 9 years of age was vaccinated by Dr. Theo. Dimon, of Auburn, on the 6th of last January, with a quill charged with bovine virus. On the 27th the arm exhibited a large irregularly-shaped ulcer, one-half covered with dark incrustation; the remainder, with excavated edges, showed large dingy granulations, with here and there bits of thick pus adherent to them. The arm was swollen, and there were ascending patches of erythema on each side. The axillary glands were large and tender. The worst feature of the case, however, was a stiffness of the jaws, which prevented his opening his mouth. During the day he had occasional slight chills, pains radiating from the pit of the stomach to the whole trunk, accompanied by attacks of tonic spasm. When seen at this date, opisthotonus had existed for some hours; slight irritation of the body brought on general convulsions. Pulse, 90; temperature, 98.5°; body covered with perspiration; mind clear. There was positively nothing to attribute the tetanus to except the vaccination. On the tenth day after, he died from exhaustion.—*St. Louis Courier of Medicine*, April, 1882.

[A similar accident with like result in an infant three months old was reported by Dr. James Collins to the Philadelphia County Medical Society, May 25, 1881.\* In this patient, bovine virus also was used. The crust fell off on the twenty-first day, leaving the child apparently well. Shortly afterwards it was seized with opisthotonus, and died in a few hours.—ED.]

**Poisoning by Strychnia Successfully Treated by Amyl Nitrite.**—Dr. Robert Barnes, in the *British Medical Journal* for April 1, reports a case of a gentleman who had swallowed a poisonous dose of strychnia, and was suffering with most violent tetanic spasms, with marked opisthotonus, and his respiration was nearly suspended, when the inhalation of nitrite of amyl was followed by great amelioration of the symptoms. The moment that the premonitory twitchings were noticed, the inhalation was commenced, with the effect of averting or greatly modifying the fits; and, to make the evidence more

\* See Proceedings of the Society, vol. iii. p. 156; also *Philadelphia Medical Times*, vol. xi. p. 727.

complete, when the warning was not seized in time the convulsion appeared in nearly its original intensity. This treatment, continued for sixteen hours, resulted in the recovery of the patient. It does not appear that any other antidote was given. The power of nitrite of amylo in subduing spasm also renders it of service in obstetrics, both in general convulsions and in hour-glass or other irregular or excessive contraction of the uterus. For these purposes Dr. Barnes thinks it even more valuable than chloroform.

**ECTROPION SUCCESSFULLY TREATED BY TRANSPLANTATION OF SKIN.**—In the *British Medical Journal* for January 7, 1882, Dr. Louis H. Tosswill publishes the clinical record of a case of a boy of 10 years, who, as the result of a severe and extensive burn of the face, had most marked ectropion of both eyelids, and also eversion of the lower lip. As the dense cicatrical tissue extended over the whole of the left side of the face and along the forehead to the outer side of the right eye, and also involved part of the right side of the nose and the skin immediately below the right lower lid, there was no healthy skin available for the formation of a flap. Under these circumstances, a plastic operation was performed, pieces of healthy skin from the arm and forearm being transplanted to the left upper and lower eyelid respectively. Four months later the ectropion of the upper lid was entirely cured, and that in the lower lid greatly improved. The grafts remained nearly of their original size, forming a marked contrast to the surrounding tissues.

**HOT WATER IN THE TREATMENT OF HEMORRHOIDS.**—Landowski (*Cbl. f. Chir.*; from *Jour. de Théráp.*) suggests hot sitz-baths in bleeding piles, together with enemata of hot water. These not only check the bleeding, but also diminish the size of the turgescence tumors to a marked degree. In ordinary hemorrhoids three sitz-baths per diem may be employed. In bleeding piles the baths should be more frequent, and the enemata should be given as hot as the patient can bear (usually about 104°).—*Louisville Medical News.*

## MISCELLANY.

**THE DUTIES OF PRACTITIONERS IN RELATION TO THEIR PROFESSIONAL SERVICES TO EACH OTHER, TO THEIR FAMILIES, WIDOWS, AND CHILDREN.**—All legitimate practitioners of medicine, their wives, and children, while under the paternal care, are entitled (NOT AS A MATTER OF RIGHT, but by professional courtesy) to the reasonable and gratuitous services—*railway and like expenses excepted*—of the faculty resident in their immediate neighborhood, whose assistance may be desired. In

the case, also, of near relatives who are more or less dependent upon a professional brother (other than wealthy), it will likewise be well, at his request, to forego or to modify the usual fee. On the other hand, a son or daughter altogether independent of the father, or the widow and children of a practitioner left in affluent circumstances, should be charged as ordinary patients, unless feelings of friendship or other special reasons render the attendant practitioner averse to professional remuneration. In such case the rule need not apply. Moreover, if a wealthy member of the faculty seeks professional advice, and courteously urges the acceptance of a fee, it should not be declined; *for no pecuniary obligation ought to be imposed on the DEBTOR which the DEBTOR himself would not wish to incur.*—Proposed Amendment to Code of Medical Ethics, *British Medical Journal*, 1882, p. 480.

**FORMER MORTALITY FROM SMALLPOX IN PHILADELPHIA.**—In looking over some old books we observed a record of the deaths by smallpox in Philadelphia long prior to the introduction of vaccination. In 1731 the deaths were 490, and in the seven years, 1738 to 1744, the number was 3179,—an average of 454 yearly. It must be considered that the population of the city at that period must have been less than 20,000. The record gives the number of taxables in 1740 as 5000,—a figure that would represent less than 20,000 individuals. Suppose for a moment that the disease should prevail with equal fatality in San Francisco at the present time,—the population being at least twelve times that of Philadelphia in 1740,—we should have 6000 deaths in a year, or 42,000 in seven successive years. In other words, the deaths from smallpox alone would far outnumber the present mortality from all causes combined. These figures appear almost incredible, yet they belong to that class of figures that do not lie. What else than vaccination makes the difference? How can this argument be evaded?—*Pacific Medical and Surgical Journal.*

**STRETCHING THE OPTIC NERVE.**—Dr. Kummels, of Hamburg, has stretched this nerve seven times in five cases. Partial or complete loss of sight from atrophy of the nerve was the pathological condition before operation. Where blindness was not complete there was some improvement. The operation was performed by passing a curved hook through a slit in the lower and outer part of the conjunctiva near the cornea; the optic nerve is then caught and stretched, "not too strongly." Slight symptoms follow the operation.—*Medical Record.*

The first part of the Italian translation of Dr. Duhring's "Treatise on Diseases of the Skin" has been received in this country. It is to appear in parts, or *fasciculi*, of one hundred pages octavo each. The translator is Dr. A. Scambellwei of Naples, and the publisher Jovene of the same city.

At the stated meeting of the Philadelphia County Medical Society, held April 19, 1882, the following resolutions were adopted:

*Resolved*, That this Society re-affirms its adherence to the principles of the Code of Medical Ethics of the American Medical Association, and declares that, in its opinion, for a physician to extend professional recognition to irregular practitioners is to patronize and encourage irregular practice, and is alike inconsistent with honesty of purpose and the pursuit of medicine as a science.

*Resolved*, That this resolution be referred to the Pennsylvania State Medical Society at its next annual meeting.

H. AUGUSTUS WILSON, M.D.,  
Corresponding Secretary.

MEDICAL SOCIETY OF THE STATE OF PENNSYLVANIA.—It was feared that the recent conflagration at Titusville would materially interfere with the annual session of this body which is to be held at that place, commencing May 10.

The Committee of Arrangements announce that they have ample lodging-room in private houses to supply all who come, and that the hotels that are left will feed four hundred if necessary, and feed them well.

The Committee are ready to assign good rooms to all the members and those who may accompany them.

WM. B. ATKINSON, M.D.,  
Permanent Secretary,  
1400 PINE ST., PHILADELPHIA.

THE PATHOLOGICAL SOCIETY on April 27 held a *conversazione* at the Hall of the College of Physicians, followed by a social meeting. Prof. R. Bartholow, by invitation, read a paper on "The Trophic System as a Factor in Pathological Processes." A large number of invited guests were present, and the occasion was heartily enjoyed by all.

OFFICERS OF THE MUTUAL AID ASSOCIATION.—President, Dr. Wm. Pepper; Vice-Presidents, Drs. W. T. Taylor and J. B. Roberts; Treasurer, Dr. G. B. Dunmire; Secretary, Dr. M. S. French; Directors, Drs. H. H. Smith (Chairman), George Hamilton, M. O'Hara, A. H. Smith, A. St. Clair Ash, B. Burns, W. B. Atkinson, J. Solis Cohen, Albert Frické.

THE MÜTTER MUSEUM OF THE COLLEGE OF PHYSICIANS is now open each morning. Dr. Richard H. Harte has been appointed Assistant to the Curator, and is in daily attendance.

THE MÜTTER LECTURESHIP.—Dr. E. O. Shakespeare concluded on the 12th ult. a series of ten lectures on the Mütter foundation, upon the subject "Contributions to the Histology of Inflammation."

DR. HUGH W. BROCK, Professor of Anatomy, Physiology, and Hygiene in the State University of West Virginia, died April 28, at his home in Morgantown.

MR. CHARLES DARWIN died April 20.

THE serious illness of Sir Erasmus Wilson is announced.

#### OFFICIAL LIST

OF CHANGES OF STATIONS AND DUTIES OF OFFICERS OF THE MEDICAL DEPARTMENT U.S. ARMY FROM APRIL 16 TO APRIL 29, 1882.

GREENLEAF, CHARLES B., MAJOR AND SURGEON.—In accordance with Paragraph 12, S. O. 78, c. s., from headquarters of the army, relieved from duty in this Department, S. O. 57, Department of Dakota, April 11, 1882.

JACQUETT, G. P., MAJOR AND SURGEON.—Granted leave of absence for six months on surgeon's certificate of disability. G. O. 97, A. G. O., April 27, 1882.

GARDNER, W. H., CAPTAIN AND ASSISTANT-SURGEON.—His assignment to duty at Fort McKavett, to relieve Surgeon Waters, revoked, and to report to the Commanding Officer, Fort Davis, Texas, for duty as post-surgeon. S. O. 38, Department of Texas, April 14, 1882.

LAUDERDALE, J. V., CAPTAIN AND ASSISTANT-SURGEON.—Paragraph 1, S. O. 47, c. s., from these headquarters, in regard to him, revoked, and he will proceed to Fort Sully, D.T., and report to the Commanding Officer of that post for duty. S. O. 59, Department of Dakota, April 13, 1882.

MAUS, L. M., CAPTAIN AND ASSISTANT-SURGEON.—Having reported at these headquarters, will proceed to Fort Lewis, Col., and report to the Commanding Officer for duty. S. O. 86, Department of the Missouri, April 24, 1882.

BROWN, P. R., CAPTAIN AND ASSISTANT-SURGEON.—To be relieved from duty in Department of Texas on receipt of this order, to proceed to New York City, and, on arrival, report by letter to the Surgeon-General. S. O. 88, A. G. O., April 17, 1882.

FINLEY, J. A., CAPTAIN AND ASSISTANT-SURGEON.—Relieved from duty at Fort Concho, Texas, and assigned to duty as post-surgeon at Fort McKavett, Texas, relieving Surgeon Waters. S. O. 38, c. s., Department of Texas.

KILBOURNE, H. S., CAPTAIN AND ASSISTANT-SURGEON.—Having reported in person at these headquarters, will proceed to Fort Shaw, Mont. T., and report to the Commanding Officer of that post for duty. S. O. 60, Department of Dakota, April 14, 1882.

PORTER, JOSEPH Y., CAPTAIN AND ASSISTANT-SURGEON.—His leave of absence for one month granted him in S. O. 32, Department of the South, March 14, 1882, extended one month, with permission to apply for a further extension of twenty days. S. O. 17, Military Division of the Atlantic, April 25, 1882.

GARDNER, J. DE B. W., CAPTAIN AND ASSISTANT-SURGEON.—Telegraphic instructions of this date, assigning him to duty at Fort Huachuca, A.T., confirmed. S. O. 57, Department of Arizona, April 19, 1882.

GARDNER, EDWIN B., CAPTAIN AND ASSISTANT-SURGEON.—Having reported at these headquarters, is assigned to temporary duty at Vancouver Barracks, Washington T. S. O. 59, Department of the Columbia, April 14, 1882.

CORBUSSIER, W. H., CAPTAIN AND ASSISTANT-SURGEON.—Assigned to duty as post-surgeon at Fort Mackinac, Mich. S. O. 67, Department of the East, April 15, 1882.

SHUFELDT, R. W., CAPTAIN AND ASSISTANT-SURGEON.—Granted leave of absence for three months from May 1, 1882. Relieved from duty in the office of the Surgeon-General, to take effect May 1, 1882, and, upon expiration of his leave, to report by letter to the Surgeon-General. S. O. 92, A. G. O., April 21, 1882.

ROBINSON, S. Q., CAPTAIN AND ASSISTANT-SURGEON.—Having reported at these headquarters, is assigned to duty at Fort Spokane, Washington T. S. O. 50, c. s., Department of the Columbia.

DAVIS, WM. B., CAPTAIN AND ASSISTANT-SURGEON.—So much of Paragraph 12, S. O. 78, April 5, 1882, from A. G. O., as directs him to report for duty to the Commanding General, Department of the Platte, is amended as to direct him to report in person for duty to the Commanding General, Department of Dakota. S. O. 87, A. G. O., April 15, 1882.